



**Maternal and Child Health Services
Title V Block Grant**

**State Narrative for
Federated States of
Micronesia**

**Application for 2009
Annual Report for 2007**



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I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.

An attachment is included in this section.

B. Face Sheet

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. Assurances and Certifications

These are the standard forms that the Secretary of the Department of Health, and Social Affairs already signed and they are being mailed to the address below:

HRSA Grants Application Center
Attn: MCH Block Grant
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879

//2008// No change or additions //2008// **//2009// No Change //2009//**

An attachment is included in this section.

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; expires May 31, 2009.

E. Public Input

To assure public input and feedback from the general public, the usual practice is that the Secretary of Health for the Department of Health, Education and Social Affairs disseminates the Title V MCH Block Grant Application to places that the public can easily obtain. In the past, the Department has done this by (1) making a general announcement on the four State Radio Stations and inviting the public for comments and feedback and (2) making the copies available to each of the FSM State Department of Health Services for the public to pick up.

This year, this process is used again without having to send the application to the FSM Congress for endorsement. This is because, the FSM Congress has already endorsed the MCH Program in the FSM through the previous years' resolutions and by law only new grant or program has to be sent to FSM Congress for review and endorsement. However, if any grant or program is discontinued, the Department of H&SA has to send, through the President, communication explaining the circumstances leading to such discontinuation with a contingency plan as to how the program activities can be sustained.

A copy of the announcement that goes out with this year's application was already mailed into the above address and is also attached herein.

//2005// No change.//2005//

//2006// No change//2006//

//2007// No change//2007//

//2008// No change//2008//

//2009// No Change //2009//
An attachment is included in this section.

II. Needs Assessment

In application year 2009, it is recommended that only Section IIC be provided outlining updates to the Needs Assessment if any updates occurred.

C. Needs Assessment Summary

//2007// Earlier this year, the CSHCN Physician traveled to the four states of Chuuk, Kosrae, Pohnpei, and Yap and met with the respective states' CSHCN staff and stakeholders to determine what they have done in response to the findings made during the 2004 FSM-wide CSHCN Survey. We are very happy with the accomplishments at state level in responding to the concerns made by parents of children with Special Health Care Needs as revealed in the 2004 survey. During the site review, the CSHCN Physician reviewed what the States have done in response to the parents' concerns with CSHCN Services and what sort of plans the states have for future activities to continue addressing parental concerns and improving services for the CSHCN population. The review, findings, and plans presented in this assessment were based on National Performance Measures #2, #3, #4, #5, and #6. Please refer to the detail of this report in the attachment section. //2007//

//2009// No Needs Assessment conducted during this reporting period. //2009//

III. State Overview

A. Overview

//2006//

III. Overview of the State

A. Overview

The Federated States of Micronesia (FSM) is an island nation consisting of approximately 607 islands in the Western Pacific Ocean. The Nation of the FSM lies between one degree south and fourteen degrees north latitude, and between 135 and 166 degrees east longitude. Although the total area encompassing the FSM, including its Economic Exclusive Zone (EEZ), is very expansive, the total land area is only 271 square miles with an additional 2,776 square miles of lagoon area. The 607 islands vary from large, high mountainous islands of volcanic origin to small flat uninhabited atolls. The FSM consists of four geographically and politically separate states: Chuuk, Kosrae, Pohnpei, and Yap.

Based on the 2000 Census, the total population of the FSM stood at 107,008 residents. The distribution of the population among the four states shows that the state with the smallest population is the State of Kosrae with 7,686 residents (7.2% of FSM total); the next largest population is in the State of Yap with 11,241 persons (10.5% of FSM total); Pohnpei state has a total population of 34,486 (32.2% of FSM total); and the largest population is in the State of Chuuk with 53,595 residents (50.1% of FSM total). Of this total population of 107,008, there are 24,172 women of child-bearing years of 15-44, which is 22.5% of the total population. Of this total population of child-bearing age women, there are 3,806 women between the ages of 15-17 years. The population structure continues to show that 55,824 (50.3%) of the residents - more than half of the population are under the age of 20 and the children under five-year old stood at 14,783 or 13.8% of the population.

The State of Chuuk consists of 15 high volcanic islands in the Chuuk Lagoon and a series of 14 outlying atolls and low islands. There are three geographic aspects to Chuuk, the administrative center of the state on the island of Weno (formerly Moen), the islands of the Chuuk Lagoon, and the islands of the outlying atolls - a total of approximately 290 islands in all. The 15 islands of the Chuuk Lagoon have a total land area of 39 square miles; and the lagoon itself has a total surface area of 822 square miles and is surrounded by 140 miles of coral reef. The islands of the Chuuk Lagoon include:

1. Northern Namoneas -14,722 (Weno,Fono)
2. Southern Nemoneas -11,694 (Tonoas,Totiw, Fefan, Tsis, Parem, Uman)
3. Faichuk -14,049Tol (Tol, Polle, Patta, Wonei, Eot,Romanum, Fanapanges, Udot)

There are also three groups of outer islands: The Mortlocks, The Hall Islands and the Western Islands.

Mortlocks Islands - 6,911 population which includes the Upper Mortlocks (Nama,Losap, Piis Emwar, Mid-Mortlocks (Namoluk, Etal, Moch, Kuttu), and the Lower Mortlocks (Ta, Satowan, Oneop and Lekinioch)

In the Western region, there are the Hall (Pafeng) Islands and Western Islands (Oksoritod) with 6,219 population all together.

The Hall Islands include:

Fananu
Murillo
Nomwin
Ruo

The Western Islands include:

Houk
Polowat
Onoun
Onanu
Pollap
Makur
Piherarh
East Fayu Island (uninhabited)
Tamatam
Onouo

The total population of the State of Chuuk based on the 2000 Census was 53,595 residents and of this total, 40,465 (76% of total state including Weno) live on the islands in the Chuuk Lagoon. The administrative center, Weno Island claims 13,802 residents (26% of total state), followed by Tol (5,129), Fefan (4,062), Tonoas (3,910), Uman (2,487), Patta (1,950), Udot (1,774), Wonei (1,271), and Polle (1,851). The remaining islands have less than 750 residents each. In assessing the age distribution of the population in Chuuk, of the 53,595 total residents 54% (28,780 persons) of the population are under 20 years of age. Of this group, 7,347 are children under 5 years of age. The median age in Chuuk is 18.5 years which makes this the youngest population in the FSM. There are 11,960 (45% of the female population) women of child-bearing ages between 15-44 that live in the state.

Because of the vast expanse of water between islands, travel within the State of Chuuk is difficult. Within the lagoon, travel by boat from Weno to any of the other islands will take from 1.5 hours to 2 hours. Access to the outer islands is even more difficult with travel times on a cargo ship taking from four hours up to two days. The provision of health care to the population of Chuuk is made difficult because of the wide distribution of small clusters of the population among the islands coupled with the fact that there is no transportation system that allows access to these islands.

The State of Kosrae is the only single-island state in the FSM and the furthest southeastern point of the four FSM states. The Island of Kosrae is the second largest inhabited island in the FSM (Pohnpei being the largest) with a land area of approximately 42.3 square miles. Because of the steep rugged mountain peaks, all of the local villages and communities are coastal communities that fringe the island and are connected by paved roads. Travel around Kosrae island is not difficult and it is possible to drive from one end of the island to the other end in approximately two hours of easy driving. The inner part of the island is characterized by high steep rugged mountain peaks, with Mount Finkol being the highest point of Kosrae at 2,064 feet above sea level. The island is surrounded by low-lying reefs and mangrove swamps. The state is divided into the four municipalities of: Lelu, Malem, Utwe, Tafunsak. The community of Wailung (approximate population of 200) is part of Tafunsak municipality, is isolated and only accessible by a 1/2 hour boat ride at high tide. The capitol of Kosrae is Tofol where the majority of the government buildings and offices, the single high school, and the Kosrae Stae Hospital are located. Also part of Tofol are the offices of private businesses including the Continental Micronesia office, Bank of FSM, FSM Development Bank, two restaurants and one hotel.

The total population of Kosrae, based on the 2000 Census data, is 7,686 residents. Of this total population, 2,059 people reside in Tafunsak, 3,648 persons in Lelu, 743 in Malem, and 460 residents on Utwe. In assessing the age distribution of the population, 52% (3,997 persons) of the population is less than 20 years of age and of that group 1,026 (13%) are less than 5 years of

age. The population of women 15-44 years number 1,726 and comprise 45% of the total female population.

The State of Pohnpei consists of the main island of Pohnpei and eight smaller outer islands. The island of Pohnpei is rectangular in shape, is approximately 13 miles long and has a land mass of 129 square miles, and is the largest island in the FSM. The island itself is a high volcanic island with a central rain forest and a mountainous interior. The elevated interior has eleven peaks of over 2,000 feet with the highest peak, Nahnaud at 2,595 feet above sea level. Pohnpei proper is encircled by a series of inner-fringing reefs, deep lagoon waters and an outer barrier reef with a number of islets found immediately off shore. The island of Pohnpei is subdivided into five municipalities of Madolenihmw, U, Nett, Sokehs, Kitti, and the town of Kolonia where the majority of the government buildings and offices, and the Pohnpei State Hospital are located. Of the outer islands of Pohnpei, to the south lies Kapingamarangi (410 miles from Pohnpei proper), Nukuor (308 miles), Sapwuahfik (100 miles), Oroluk (190 miles), Pakin (28 miles), and Ant (21 miles). To the east lies the islands of Mwoakilloa (95 miles) and Pingelap (155 miles). These outer islands together comprise a land mass of approximately 133 square miles and 331 square miles of lagoons.

The population of Pohnpei, based on the 2000 Census data, numbered 34,486 residents and is projected to reach 37,800 by the year 2003 and 48,700 by the year 2014. More than half (53%) of the population (18,194 persons) of Pohnpei are less than 20 years of age with the median age of 18.9 years. There are 7,713 women of child-bearing age between 15-44 years and they comprise 46% of the female population.

Travel on the island of Pohnpei proper is increasingly easier with the increased development and improvement of paved roads to outlying communities. However, because of scattered housing along secondary unpaved dirt roads, there are still many residents who have a difficult time in accessing health care. The outer islands are the most difficult to reach because of the infrequent and undependable cargo ships. The regular field trip on the ship takes place once a month to each of the outer islands bringing supplies and health personnel to deliver goods and services.

The State of Yap lies in the western most part of the Federated States of Micronesia. Yap proper is the primary area in Yap state and is a cluster of four islands (Yap, Gagil-Tomil, Maap, Rumung) connected by roads, waterways, and channels. Most of the coastal areas are mangrove with occasional coral beaches. The town of Colonia on Yap proper is the capital of Yap. The State of Yap has a total of 78 outer islands stretching nearly 600 miles east of Yap Proper Island of which 22 islands are inhabited. Although these islands encompass approximately 500,000 square miles of area in the Western Caroline Island chain, Yap state consists of only 45.8 square miles of land area. Most of the outer islands are coral atolls and are sparsely populated. The population distribution among these island based on the 2000 Census data are: Yap Proper with 52% (5,870 persons) of the population; Ulithi Lagoon has four inhabited islands (Asor, Falealop, Fatharai, Mogmog) with a population of 1,101 residents (9.8%); Wolaei is comprised of two lagoons (the West Lagoon and the East Lagoon) with five of the 22 islands inhabited with a population of 2,581 persons (23%); Fais, population 301; Eauripik, population 113; Satawal, population 531; Faraulep, population 221; Ifalik, population 561; Elato, population 96; Ngulu, population 26; and Lamotrek, population 339.

The total population of Yap state, based on the 2000 Census data, stands at 11,241 which is a 0.6% increase over the 1994 data. The Yap population comprises 10.5% of the total population of the Federated States of Micronesia. The median age for Yap is 20.9 years and is the highest median age among the four states and comparatively higher than the median age of the FSM, which is 19 years. The age distribution of the population in Yap shows that 48.4% are under 20 years of age (5,438 persons); there are 2,775 women between 15-44 years of age, the child-bearing years which is 48% of the total female population.

Similar to the Island of Pohnpei, transportation on Yap Proper is becoming easier because of the

development and improvement of paved roads; however, there are clusters of villages that are still difficult to access because of unpaved dirt roads. The outer islands are also difficult to reach because of the infrequent cargo ships. The regular field trip on the ship takes place once a month to each of the outer islands bringing supplies and health personnel to deliver goods and services.

Within the FSM, the health care delivery environment differs for each of the four states and depends on the availability of resources, the geography of the state, and the extent to which the health care system has been de-centralized - as recommended in the 1995 FSM Economic Summit. The center of each State's health system is the hospital. Each contains an emergency room, outpatient clinics, inpatient wards, surgical suites, dialysis unit, a dental clinic, a pharmacy, laboratory and X-ray services, physical therapy services, and health administration offices which includes an office for data and statistics. In addition to these acute care services, the Public Health clinic services are provided either within the same facility as the hospital or in a separate facility on the grounds of the hospital. These central hospitals are located on the island of Weno in Chuuk state, in the municipality of Lelu in Kosrae state, in Kolonia on the island of Pohnpei, and in Colonia on the island of Yap Proper. These hospitals and its services are directly accessible only to residents of the urban (state) centers. For residents who live on the lagoon islands or the outer islands, access is more difficult because of the lack of public transportation between the islands. In addition to these centralized facilities for both medical care and public health services, each of the four states are in the process of decentralizing the system to be able to provide health care services in outlying and remote areas. The State of Chuuk and the State of Yap both have dispensaries in the outer islands as part of the Primary Health Care Division that are served by health assistants. Only the basic of health care services are available in these sites and consultation with medical personnel at the hospital is necessary for more complicated medical care. The State of Pohnpei and the State of Kosrae are extending services into the communities through the improvement and expansion of community-based dispensaries which are served by medical and health personnel from the public health programs who travel to these out-lying dispensaries either on a daily basis or several times a week to provide services.

Other indicators that have an impact on the health status of the MCH population in the FSM are the level of poverty among the population. In the State of Yap, in the 2000 census, of the 2,030 households, 1,578 reported some cash income with a median household income of approximately \$6,484 and a mean household income of \$10,344. By region, the median household income was \$7,299 in Yap Proper and about \$4,242 in the outer islands. During this reporting year, over 50% of the population aged 15 years and over reported receiving cash income. These 3,254 income recipients represented 62% of the 5,174 persons in the working age population. The median individual income for Yap was \$3,368 with individual income on Yap Proper higher than income in the outer islands. Out of the total 2,030 households in FSM, 77% (1,578) reported having cash income with an average income of \$10,344 and a median income of \$6,489. This represents half of a percent (.5%) increase from the 1994 Census. However, there is still a disparity of income level among the Yap proper population and the outer island population. The average household income in Yap proper is \$11,462 with a median income of \$7,299 where as in the outer islands the average household income is \$4,900 with a median income of \$4,242. In Chuuk, 6,385 reported having cash income with an average income of \$9,627. The median income is \$2,778. This level of income is higher for the lagoon island households than the outer island households. Compared this to the 1994 Census for Chuuk, this represents a 5.6% increase. For Pohnpei, there were 5,067 households with cash income. The average income was \$11,249 and the median was \$6,345. As in all outer islands situation, the income level for the Pohnpei outer island households compared to the households on the main island is three times lower. In Kosrae, 97% (1,059/1,087) of the total households have some kind of cash income. Out of these 1,059 households, the mean household income is \$12,407 and the median is \$7,528. Compared to the 1994 Census, this represents a 3.8% change or increase in median income. Essentially, the FSM is still the Title V Grantee of this program. Many of the features of its services before are still the same.

The State Title V Agency is in the FSM National Government, which is physically located at

Palikir on the island of Pohnpei, six miles away from Kolonia, the center of the state government, and the major commerce and business center of Pohnpei state. The national government, patterned after the U. S. democratic government, has three branches - The Executive Branch, The Judiciary, and the Legislative Branch. The three branches of the government were re-organized in January 1998. This re-organization merged the former Departments of Health, the Department of Education, and the Historic Preservation and Archives Program into a new Department of Health, Education and Social Affairs (HESA).

Other indicators that have an impact on the health status of the MCH population in the FSM are the level of poverty among the population. In the State of Yap, in the 1994 census, of the 1,925 households, 1,426 reported some cash income with a median household income of approximately \$6,000 and a mean household income of \$8,300. By region, the median household income was \$6,700 in Yap Proper and about \$3,800 in the outer islands. During this reporting year, about 50% of the population aged 15 years and over reported receiving cash income. These 3,401 income recipients represented half of the 6,754 persons in the working age population. The median individual income for Yap was \$3,509 with individual income on Yap Proper higher than income in the outer islands. //2006// //2007// No change or addition//2007//

//2008// No change or addition//2008// **//2009// No change or addition //2009//**

B. Agency Capacity

//2006// This year there have been several changes at the national and state levels in the leadership of the MCH and CSHCN Programs. At the National level, Mr. Marcus Samo assumed the position of Assistant Secretary of Health and Mr. Dionis Saimon, Program Manager for Family Health Services and Non-Communicable Diseases section became the new National MCH Coordinator. The MCH Coordinator for Kosrae State accepted a new position as the Chief, Division of Public Health. Currently she is running the MCH Program, on a day-to-day basis, in addition to her oversight responsibility of the other programs at Public Health. The MCH Coordinator position for Kosrae will be advertised soon. The Pohnpei State MCH Coordinator also accepted another position as the Public Health Nurse Supervisor and the CSHCN Coordinator left the CSN program for the immunization program. Currently, two other Public Health Staff have been appointed to take after the programs on a day-to-day basis. Both positions are being advertised and we hope to fill them soon. A replacement MCH Data Clerk was hired early this year in Chuuk after the MCH Data Clerk left the job to go back to school. The National MCH Program is in the process for recruiting a CSHCN Physician. The position has been advertised and we hope to fill it by the beginning of next fiscal year. The MCH Coordinator for Kosrae State was hired in February and then resigned in June to accept another job in Majuro, Marshall Islands. The Kosrae State Chief of Public Health, the previous MCH Coordinator, is taking after the program on a day-to-day basis. Kosrae State is in the process of recruiting a new MCH Coordinator. Pohnpei State hired a new CSHCN Coordinator and a new MCH Coordinator in September 2005. A full time CSHCN Physician was hired in November 2005 and was detailed to Chuuk State because of the size of the CSHCN population and the reality of the situation in Chuuk. Also this year, the MCH and CSHCN Coordinators attended the PBILC in Saipan, Commonwealth of the Northern Mariana Islands and the MCH Coordinators attended the APNLC in Honolulu. The Third Annual MCH and Special Education Joint Conference was held in Kosrae this year, during which time the staff from both programs come together and discussed ways or areas in which they could collaborate, integrate and partner up in order to improve services for children with special health care needs. Also, during the meeting the results of the CSN Survey and the needs assessment were presented. //2006//

//2007// The CSHCN Coordinator from Kosrae attended a PacRim meeting in Honolulu in March 2006. The MCH Coordinators from the four FSM States attended the 2006 Pacific Basin MCH/Family Planning Annual Conference in Majuro, Marshall Islands in May this year. The National MCH Coordinator and the MCH Coordinator from Kosrae State, who just resigned,

attended the 2006 AMCHP Meeting in Arlington, VA. in March 2006. All MCH Coordinators from the four FSM States attended the Annual Association of Pacific Nurses Leadership Conference (APNLC) in Majuro, Marshall Islands during the month of June this year. //2007//

//2008// Kosrae State hired a new MCH Program Coordinator last year. This year, the CSHCN Coordinator for Kosrae State resigned and recruitment for her replacement is underway. Also, Kosrae State has advertised for a Nutritionist and we hope to fill both positions by October 2007. The MCH data clerk from Pohnpei resigned last year and a replacement data clerk has been hired and working in Pohnpei State. The MCH data clerk for Yap State also resigned this year, and recruitment for a replacement data clerk is underway. We hope to fill the position by October 2007. The MCH program Coordinators from all four FSM States attended the MCH Adolescent Health Leadership and Title X Family Planning Annual meetings in Palau during May this year. The MCH program coordinators from the four states also attend the Pacific Basin Interagency Leadership Consortium (PBILC) Conference in Kosrae during the month of June this year. //2008//

//2009// After the General Election in November 2007, Donal Post, an American become the new Director of Health Services for Kosrae State. Mr. Post replaced Mr. Arthy Nena, who is now working for the FSM Department of Health and Social Affairs, coordinating the Bioterrorism Program. The CSHCN Coordinator and School Health Nurse in Kosrae remain vacant due to shortages of nurses and the New Director's insistence on not to hire nurses who do not speak Kosraen. One person was certified for the Nutritionist position, however, she rejected the offer after the salary was lowered from what was initially approved in the grant application. The lowering of the salary was based on Kosrae State's own internal financial control mechanism due to decreased number of working hours for state government employees during the day. Kosrae State is currently working on a 64 hour work week. During the month of May 2008, the National MCH Program Coordinator visited Kosrae State and met with the Director of Health Services, Chief of Public Health, and the State MCH Program Coordinator in an attempt to break the impasse and fill the vacancies. It was agreed, during the meeting, that the Department will recruit retired nurses to free up some of the clinical nurses so the CSHCN Program Coordinator and School Health Nurse positions could be filled. An agreement was also reached to share cost for the existing Nutritionist working for the department so she could allocate time for the MCH program as well. The MCH Data Clerk for Chuuk resigned in December 2007 and a replacement clerk has been selected. Processing of Personnel Actions is underway and she is expected to begin working this month, July 2008. Although the Data Clerk Position was vacant for some time, the director was able to assign another staff to track the data elements needed to complete the MCH data matrix necessary for the MCH Block Grant Application. This year, the MCH program Coordinators from all four FSM States attended the Pacific Basin Title X Family Planning Annual meetings in Pohnpei during May and also attended the American Pacific Nurses Leadership Conference in Guam during the month of June. Also in May this year, the four FSM states MCH Program Coordinators, Family Planning Program Coordinators, MCH Data Clerks, and few key staff attended the FSM MCH/FP Annual workshop, which ran back-to-back with the Annual Title X Family Planning Conference. During the 2008 FSM Annual Workshop, updates from the 2008 AMCHP Meeting was presented, new State Negotiated Performances were identified, ways to procure and distribute medical supplies in a timely manner was discussed, carry-over funds and discussion on other program and financial issues. //2009//

C. Organizational Structure

//2006// No Change or additions. //2006//

//2007// The Maternal and Child Health Program is one of the five (5) programs (Title V MCH, Title X Family Planning, UNFPA Family Health Project, Diabetes and Hypertension and Nutrition) under the Family Health Services and Non-Communicable Diseases Section in the Division of

Health Services. The section is headed by a Section Chief, who is the National MCH Program Coordinator. A proposal to restructure this section is in place to separate the Diabetes and Hypertension and Nutrition Programs into another section. The restructuring plan will provide more opportunity for better institutional organization and focused oversight and management of program activities. //2007//

//2008// The plan to divorce or separate the Non-Communicable Diseases (NCD) and Family Health Services Sections within the Division of Health Services has been endorsed by the Secretary of HESA this year. However, the National MCH Program Manager continues to play the role of Section Chief for both section until a program manager for the NCD section is hired. Plan is underway also, to abolish the current Department of Health, Education and Social Affairs (HESA) and create two new departments; Department of Health and Department of Education. This proposal is pending approval of the National Congress. //2008//

//2009// During October 2007, the FSM Department of Health, Education, and Social Affairs (HESA) was split into two departments; the new Department of Education and Department of Health and Social Affairs (H&SA). Dr. Vita A. Skilling becomes the new Secretary for the FSM Department of Health and Social Affairs. The Non-Communicable Diseases (NCD) unit became a new Section under the Division of Health and a new Program Manager was hired. The separation of the NCD unit from the Family Health Services Section does not impede with program planning and activity implementation as the programs continue to collaborate; the separation, however, allows the National MCH Program Manager more time to oversee the MCH program. //2009//

D. Other MCH Capacity

//2006// There are 36 positions to be funded under the Title V Program in the FSM as follows; 14 in Chuuk State, 6 in Kosrae, 7 in Pohnpei State, 7 in Yap and 2 at the National Government. The MCH Coordinator for Kosrae State accepted a new position as the Chief, Division of Public Health. The position is currently vacant, however, it will be advertised soon and we hope to fill it during this fiscal year. The Pohnpei State MCH and CSHCN Coordinator positions are also vacated, however, the positions have been advertised and we hope to fill them as well during this fiscal year. The position for the CSHCN Physician has been advertised and we hope to fill it by the beginning of the fiscal year. //2006//

//2007// There are 33 positions to be funded under the Title V Program in the FSM in 2007 as follows; 12 in Chuuk State, 5 in Kosrae State, 6 in Pohnpei State, 7 in Yap State and 3 at the National Government. The MCH Coordinator Position in Kosrae State is currently vacant, however, recruitment process is in progress and we hope to hire a replacement coordinator during this fiscal year. The Kosrae State Chief of Public Health is coordinating the MCH Program on a day-to-day basis. A planning and evaluation committee for the MCH Program in the FSM will be created and core members include; the Assistant Secretary for Health, the National MCH Program Coordinator, NCD Epidemiologist, four (4) State Directors of Health Services, four (4) State MCH Coordinators, four (4) State CSHCN Coordinators and the CSHCN Physician. Other collaborating agency representatives are members, however, their membership will be on "as needed" basis. The planning and evaluation committee for the MCH Program in the FSM has been formalized, with the four (4) Chiefs of Public Health Services added to the committee.//2007//

//2008// The MCH Coordinator Position in Kosrae State is now being filled. There are 35 positions to be funded under the Title V, MCH Program in the FSM as follows; 14 in Chuuk State, 6 in Kosrae State, 6 in Pohnpei State, 7 in Yap State and 2 at the National level. //2008//

E. State Agency Coordination

//2006// No change or additions//2006//

//2007// At the State Level, the MCH Program is organizationally part of the Primary Health Care Services Division (Public Health Services) which also includes the Family Planning Program, the prenatal care program, the Immunization Program, the HIV/AIDS Prevention Program, mental health services which includes the alcohol and substance abuse programs, School Health Program, the NCD (non-communicable diseases - hypertension, diabetes) Program, and the Tuberculosis and Leprosy Program. Because all of these programs and services are under the supervision of the Chief of Primary Health Care Services Division, coordination services among these programs is possible. At the National Level, the MCH Program is organizationally part of the Family Health Services and Non-Communicable Diseases Section (Division of Health Services) which also includes the Title X Family Planning Program, UNFPA Reproductive Health, Sexual Health and Family Planning Project, Non-Communicable Diseases (hypertension and diabetes) and Nutrition. Because all of the programs are under the supervision of the National MCH Program, who is the Section Chief for Family Health Services and Non-Communicable Diseases section, coordination of these programs and collaboration with other programs is possible.//2007//

//2008// As the result of the new organization of the Division of Health Services, the Immunization and Communicable Diseases section was split into two sections and the Family Health Services and Non-Communicable Diseases section was also split into two. All other sections remain the same. Although two of the former sections were split up, coordination and collaboration of these programs are possible//2008//

//2009// **No Change or Additions.** //2009//

F. Health Systems Capacity Indicators

Introduction

Health Systems Capacity Indicator 01: *The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	53.0	95.9	38.6	40.8	21.5
Numerator	91	138	57	59	28
Denominator	17154	14391	14783	14449	13042
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2005

The rate of children hospitalized with Asthma was decreased to 38.6/10,000 in 2005 from 95.9/10,000 in 2004. This may be a direct outcome of educating pregnant mothers about negative impacts of tobacco use and tobacco products, which has been incorporated into prenatal care education and counseling sessions. Another factor that may have contributed to this decline, was the fact that more mothers are doing away with bottle feeding and have started to exclusively breastfeeding their children.

Narrative:

The rate of children hospitalized with Asthma was slightly increased to 40.8/10,000 in 2006 from 38.6/10,000 in 2005. Statistically, this is insignificant considering the size of the population of the FSM. The state programs reported that they continue to educate mothers on importance of nutrition, impact of first-hand smoking and second-hand smoking including healthy eating practices and habits.

//2009// The rate of children hospitalized with Asthma was decreased to 21.5/10,000 in 2007 from 40.8/10,000 in 2006. The state programs reported that they continue to educate mothers on importance of nutrition, impact of first-hand smoking and second-hand smoking including healthy eating practices and habits. All the states showed improvements; Chuuk reported a decrease in 2007 to 8.3/10,000 from 11/10,000 in 2006. Pohnpei reported a decrease in 2007 to 10.6/10,000 from 16.8/10,000 in 2006. Kosrae reported a decrease in 2007 to 165.7/10,000 from 336/10,000 in 2006 and Yap reported the most significant decrease in 2007 to 7.2/10,000 from 72.5/10,000 in 2006. //2009//

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	100.0	0.0	0.0	0.0	0.0
Numerator	1	0	0	0	0
Denominator	1	1	1	1	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2006

Medicaid is not applicable to the FSM.

Notes - 2005

Medicaid is not applicable to the FSM.

Narrative:

Not applicable to FSM. FSM is not eligible for Medicaid.

//2009// Not applicable to FSM. FSM is not eligible for Medicaid. //2009//

Health Systems Capacity Indicator 03: *The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	100.0	100.0	100.0	0.0	0.0
Numerator	1	1	1	0	0
Denominator	1	1	1	1	1
Check this box if you cannot report the numerator					

because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2006

Not applicable to FSM.

Notes - 2005

Though FSM does not have SCHIP, 1,383 or 3% of the total population (0-15) are covered by the only Health Insurance program available, the FSM National Government Employees Insurance Program (MICARE).

Narrative:

Not applicable to FSM. FSM is not eligible for the SCHIP program. However, FSM has a government owned Insurance program (MICARE), and most of the people enrolled are Government employees who can afford to pay for Insurance. Most parents who are enrolled in the program have their children covered. This year, 1609 children are enrolled or covered in the MICARE Insurance Program.

//2009// Not applicable to FSM. FSM is not eligible for the SCHIP program. However, FSM has a government owned Insurance program (MICARE), and most of the people enrolled are Government employees who can afford to pay for Insurance. Most parents who are enrolled in the program have their children covered. This year, 111 children under the age of one are enrolled or covered in the MICARE Insurance Program. Out of the 111 children, 31 either or both parents work for the government and 80 none of the parents work for the government (private). //2009//

Health Systems Capacity Indicator 04: *The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	54.4	39.2	45.6	55.9	55.2
Numerator	912	629	735	546	520
Denominator	1678	1603	1611	976	942
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2007

Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSCI04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

Notes - 2005

Although FSM did not meet the minimum 80% required visits, we scored some improvements in 2005 with a 45.6%, an increase from 2004, which was 39.2.

Narrative:

Although FSM did not meet the minimum 80% required visits, there is improvement in 2006 of 55.9% from 45.6% in 2005. This may have resulted from FSM's efforts in conducting comprehensive health education session in schools and communities about the importance of prenatal care and also encouraging women to come in for prenatal care earlier.

//2009// Although FSM did not meet the minimum 80% required visits, the data for 2007 was relatively the same as it was in 2006; at about 55%. All the states reported decreases except for Yap, which increased from 14.1% in 2006 to 55.1% in 2007. This may have resulted from Yap's on-going efforts in conducting comprehensive health education session in schools and communities about the importance of prenatal care and also encouraging women to come in for prenatal care earlier. The creation of the Community Health Centers may have contributed to the positive outcome, as well. Next year, FSM will be using the WHO Index, which requires four prenatal visit per year. //2009//

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	NaN	NaN	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	0	1	1	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2006

Not applicable to FSM.

Notes - 2005

FSM is not eligible for Medicaid. Not applicable to FSM.

Narrative:

FSM is not eligible for Medicaid. Not applicable to FSM. Numbers are dummies and should be ignored.

//2009// No Change //2009//

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
---------------------------------------	------	------	------	------	------

Annual Indicator	100.0	100.0	0.0	0.0	0.0
Numerator	1	1	0	0	0
Denominator	1	1	1	1	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2006

Not applicable for FSM.

Notes - 2005

Not applicable for FSM.

Narrative:

The EPSDT program is not available in the FSM. Not applicable to FSM. Numbers are dummies and should be ignored.

//2009// **No change.** //2009//

Health Systems Capacity Indicator 08: *The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	100.0	0.0	0.0	0.0	0.0
Numerator	1	0	0	0	0
Denominator	1	1	1	1	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2006

Not applicable to FSM.

Notes - 2005

The SSI Program is not available in the FSM. Not applicable to FSM.

Narrative:

FSM lacks the facility capability to perform such services. Not applicable to FSM. Numbers are dummies and should be ignored.

//2009// **No Change.** //2009//

Health Systems Capacity Indicator 05A: *Percent of low birth weight (< 2,500 grams)*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of low birth weight (< 2,500 grams)	2007	other		8.4	8.4

Notes - 2009

The sources of data for this indicator are Birth Certificates and Vital Statistics.

Narrative:

FSM is not eligible for Medicaid therefore part of this indicator is not applicable to FSM. For non-Medicaid, however, the percent of live births weighing less than 2,500 grams decreased to 8.7% in 2006 from 15% in 2005. This means that more healthier babies are being born in 2006. Public Health counseling and education services are focusing on recommended nutrition for pregnant mother during and after pregnancy. On-going education and counseling session on the use of alcohol and tobacco and tobacco products may have also contributed to this positive outcome.

//2009// The percent of live births weighing less than 2,500 grams remains the same this year as it was last year; at 8%. This shows that Health counseling and education services are focusing on recommended nutrition for pregnant mother during and after pregnancy including the use of alcohol and tobacco and tobacco products may have also contributed to this positive outcome. //2009//

Health Systems Capacity Indicator 05B: Infant deaths per 1,000 live births

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Infant deaths per 1,000 live births	2007	other		20.6	20.6

Notes - 2009

Source of data is Vital Statistics.

Narrative:

The infant mortality rate for the FSM decreased to 11.2 in 2006 from 39 in 2005. This may be the result of on-going education and counseling session on recommended nutrition for mothers during and after pregnancy. Also, on-going education and counseling sessions on harmful effects of alcohol and tobacco use may have contributed to this positive outcome.

//2009// The infant mortality rate for the FSM increased from to 11.2/1000 in 2006 to 20.6/1000 in 2007. Despite the on-going education and counseling session on recommended nutrition for mothers during and after pregnancy, including the harmful effects of alcohol and tobacco use, the rate increased. Chuuk reported an increase

from 18/1000 in 2006 to 28.5/1000 in 2007; Pohnpei reported an increase from 2/1000 in 2006 to 11/1000 in 2007; Kosrae reported no infant deaths while Yap reported and increase from 18/1000 in 2006 to 33/1000 in 2007. //2009//

Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2007	other		30.3	30.3

Notes - 2009

The source of data is Birth Certificates.

Narrative:

In 2006, the percent of infants born to pregnant mothers receiving prenatal care beginning in the first trimester was decreased to 19.8% from 26.1% in 2005. Having pregnant women come in for prenatal care during the first trimester has always been problematic for the FSM. Some reasons behind the delay include transportation problem, no significant health problem, and not knowing the importance of coming in early. In order to overcome these problems, the MCH Program staff, in collaboration with other Public Health programs, have intensified their health education sessions in the schools and communities in an effort to sensitize couples (both women and men) so more pregnant mothers can come in for prenatal during the first trimester.

//2009// The percent of infants born to pregnant mothers receiving prenatal care beginning in the first trimester was increased from 19.8% to 30.3% in 2007. Having pregnant women come in for prenatal care during the first trimester has always been problematic for the FSM. The FSM MCH Program is currently doing health education sessions in the schools and communities, targetting women of childbearing age, to encourage more women to come in, thus improve birth outcomes. In Chuuk increased from 22% in 2006 to 27.2% in 2007. Pohnpei increased from 13.2% in 2006 to 35.8% in 2007. Kosare increased from 24% in 2006 to 25.5% in 2007. Yap reported a decrease from 35% in 2006 to 26% in 2007. //2009//

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of pregnant	2007	other		55.2	55.2

women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])					
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Notes - 2009

The source of data is Birth Certificates.

Narrative:

FSM has never reached the expected 80% requirement. However, the trend for the past three years was optimistic as we continue to improve on this indicator with 55.9% in 2006, 45.6% in 2005 and 20.1% in 2004. We will continue to educate and counsel mothers in our clinics as well as increasing our outreach activities to ensure that all mothers received the expected number of visits, hence improve birth outcomes.

//2009// FSM has never reached the expected 80% requirement. However, since 2004 FSM continues to improve, gradually, on this indicator. FSM's coverage for 2007 was relatively the same as it was in 2006, at 55%. All the states reported decreases, except for Yap, which reported an increase from 14.1% in 2006 to 55.1% in 2007. FSM will adopt the WHO Index next year. //2009//

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Infants (0 to 1)	2007	
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
Infants (0 to 1)		

Notes - 2009

Not applicable. FSM is not eligible for medicaid.

Notes - 2009

Not Applicable. FSM is not eligible for SCHIP.

Narrative:

FSM is not eligible for Medicaid and SCHIP. Not applicable to FSM. Numbers are dummies and should be ignored.

//2009// No change. //2009//

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Medicaid Children		

(Age range to) (Age range to) (Age range to)		
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
Medicaid Children (Age range to) (Age range to) (Age range to)		

Notes - 2009

Not applicable. FSM is not eligible for Medicaid.

Notes - 2009

Not Applicable. FSM is not eligible for SCHIP.

Narrative:

FSM is not eligible for Medicaid and SCHIP. Not applicable to FSM. Numbers are dummies and should be ignored.

//2009// **No change.** //2009//

Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Pregnant Women		
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
Pregnant Women		

Notes - 2009

Not applicable. FSM is not eligible for Medicaid.

Notes - 2009

Not Applicable. FSM is not eligible for SCHIP.

Narrative:

FSM is not eligible for Medicaid and SCHIP. Not applicable to FSM. Numbers are only dummies and should be ignored.

//2009// **No change.** //2009//

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner?	Does your MCH program have Direct access to the electronic database for analysis?
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	(Select 1 - 3)	(Select Y/N)
<u>ANNUAL DATA LINKAGES</u> Annual linkage of infant birth and infant death certificates	3	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
<u>REGISTRIES AND SURVEYS</u> Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

Notes - 2009

FSM is not eligible for the WIC Program.

FSM has limited ability to do newborn screening; files are limited to certain screening of the newborn.

FSM is planning to conduct a Pediatric Hospital Discharge Survey this year. Funds are available through the SSDI Grant and we hope to start this year and possible finish by early next year, 2009.

Narrative:

The FSM MCH Program has some access to Policy and Program relevant information however we lack the electronic database to analyze the data.

//2009// **No Change** //2009//

Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No

Notes - 2009

The Tobacco Program, under the Section of Substance Abuse and Mental Health, conducted a Youth Tobacco Use Survey for the FSM in 2005. There was no Youth Tobacco Use Survey this year.

No Youth Risk Behavior Surveys conducted in the past month that we are aware of nor participated in.

Narrative:

The Youth Risk Behavior Survey (YRBS) has not been carried out in the FSM. We have requested funding through the SSDI grant to contract a contractor to assist FSM with the YRBS in 2008.

//2009// No data available. //2009//

IV. Priorities, Performance and Program Activities

A. Background and Overview

//2006// A CSN Survey was completed in January 2005 and the FSM-wide Needs Assessment Survey was completed during April 2005. (A copy of the report on the survey is attached)

The purpose of the CSN Survey was twofold: (1) to collect enough information so that the FSM MCH Program would be able to respond to the new five performance measures and (2) that the FSM MCH Program, while conducting the survey, also collects other pertinent information that were not normally collected by its supporting partners such as Special Education Program or Head Start Program to better understand how children were served and how the programs could improve their services.

Totaling eleven pages in length, the questionnaire was designed to contain both open-ended and close-ended questions. The questionnaire was designed to elicit responses toward understanding the demographic characteristics of the children with special health care needs, their functional health status, access to care, coordination of care by their providers and caretakers, how satisfied the caretakers were with the services their children received from providers, the impact of caring for their children on the rest their family, and their ability to pay for services for their children in terms of health insurance.

The specific questions were derived after reviewing what information the FSM MCH Program and its local agency partner (FSM Special Education Program) would need to know in order to improve its services. The CDC SLAITS survey that the MCH Programs in the US states normally conducted on the telephone was reviewed for guidance, but it was felt impractical to conduct it in the FSM because of logistical problems and the fact that access to telephone is limited.

The actual data collection included a face-to-face interview with the parents of the CSHCN where each parent was asked to respond to the questions asked by the interviewer. The interviewers were staff from both the MCH Program and the Special Education Program.

After designing the questionnaire, each of the FSM states had a chance to pilot the questionnaire to test how long it would actually takes to complete it as time was a key consideration. A training was also provided by the FSM MCH National Program to each of the FSM states before conducting the survey to make sure interviewers, who were both the MCH Program staff and the FSM Special Education Program staff, understand what each of the question was meant to ask.

In addition, each parent who concurred to participate in the survey gave a written consent and vouched by the interviewer.

For the bigger FSM states (Chuuk and Pohnpei) it was decided to target at least 30% of each of the FSM states' total number of registered CSHCN while for the small FSM states (Yap and Kosrae), it was decided to target the total number of registered CSHCN.

EpiInfo 2000 was used to enter the data and generate statistical tables. Two data clerks from the FSM Department of HESA both entered the data on two separate PCs and then merged both files for cleaning and analysis.

This survey provides some preliminary information for the Title V Block Grant Agency (the Federated States of Micronesia) to be able to report on the five new performance measures now required. Though the design is different from a random dialing system survey normally used in the U.S. states, the design of the survey was appropriate in the FSM circumstances after considering numerous challenges and barriers.

This survey not only provided the needed information, but it also established a true partnership

among the MCH Title V Program staff and the other agencies such as Special Education and Head Start that also serve the same population.

The findings suggest that the users of services provided by the programs not only need to be improved but were not available during the times they needed them.

In April this year, the FSM MCH Program conducted a five-years needs assessment. The purpose of the needs assessment exercise was to assess the progresses made during the past project cycle at the same time assist us to determine what priorities FSM should address during the next five years. The needs assessment activities involved review of the National Performance Measures, National Outcome Measures, Health System Capacity Indicators, State Negotiated Performance Measures and the State Outcome Measures. Workshops were conducted throughout the four FSM States to facilitate such review. In depth review of the MCH Data Matrix was conducted in order for us to gauge the progresses made on each of the parameters based on the National Performance Objectives benchmarks.

The group used a "Reaching Consensus Exercise" model, adopted from a prioritizing exercise during the 2005 AMCHP Conference, to come up with a priority list. A listing of the MCH Service areas was also adopted and used. The format used in deciding on the issues included presentations, whole group work and discussions, small group work and discussions and delineation exercise.

The findings suggest that there remained some deficiencies for each of the population groups and for the appropriate level of service within the MCH Program in the FSM. Although there may be varying fluctuations by state for the corresponding indicators, there has not been any significant improvement since the last needs assessment in 2000. The trends are more or less stabilized when analyzing the data based on a three year running average. //2006//

//2007// We are unable to respond to the first 6 National Performance Measures in 2005 because we did not conduct a CSHCN Survey last year. However, we plan to carry out another survey next year to enable us to better respond to the first 6 measures. The next survey will continue to address those questions asked during the 2005 CSHCN Survey, with emphasis on the outcomes of the survey results. Based on the 2004 FSM Wide Needs Assessment, the findings suggested that there has not been any significant improvements for each of the population groups and for the appropriate level of services within the MCH Program in the FSM since the last needs assessment in 2000. Although there were several fluctuations (increases/decreases) for some of the data elements reported, when the data was analysed based on a three year running average, the trends were more or less stabilized. //2007//

//2008// A CSN Survey was completed for Pohnpei State in May 2007. This was the same Survey that was conducted throughout the FSM States in 2004. The only difference with this year's survey in Pohnpei was that it included all children with special needs instead of randomly selecting the sample to be surveyed. (A copy of the report on the survey is attached) //2008//

//2009// Yap State is currently doing a CSHCN Survey. This is the same Survey that was conducted throughout the FSM States in 2004 and also conducted in Pohnpei last year. The Survey is expected to be completed later this year and results presented next year. Next year Kosrae State will conduct the Survey. //2009//

B. State Priorities

//2006// DIRECT HEALTH CARE SERVICES - The MCH Program in the four FSM states continues to provide a large segment of the direct health care and enabling services for the maternal and infant population. The assessment of services for pregnant women for 2004 shows 24.7% of the women received early prenatal care, a slide decline from 2002 and 2003 when

32.4% and 30.8 % received early care respectively. For those women who do initiate care, 28.7% receive adequate care, 39.2% receive intermediate care, and 30.4% receive inadequate care as measured by the Kotelchuk Index of Adequacy of Prenatal Care. The nutritional status of pregnant women has been a problem; however, there is no formal documentation of the problems. Informal surveys of hematocrit levels of pregnant women in Chuuk state show that approximately 50% of the women have low hemoglobin that require treatment. In 2004, 34.7% of the women that were screened had low hemoglobin. There is a need to improve the adequacy of prenatal care by encouraging early prenatal care and continuous prenatal care. Although there may be a small increase in the number of women who received prenatal care, by and large, there is still a great number of pregnant women who did not receive prenatal care. In 2002, less than 29% of all those women who gave birth received prenatal care. Of all these those who received prenatal care only have had adequate prenatal care as determined by the Kotelchuk Index.

Of the infants born in 2004, 6.7% were low birth weight, 0.5% were very low birth weight and 42 infants died for an infant mortality rate of 17.5/1000 which is slightly decline from the 2003 IMR of 22.6/1000, however, running the 3 Years Average, FSM: shows some fluctuation but remain in the same level. 2003 IMR of 22.6/1000, the 2002 IMR of 15.8/1000, and the 2001 IMR of 21.8/1000.

SP#8 - Percent of pregnant women screened for low hemoglobin (maintain)

SP#6 - Percent children identified with developmental problems (New)

SP#7- Comprehensive Health Education in Schools and Communities (New) //2006//

//2007// DIRECT HEALTH CARE SERVICES - The MCH Program in the four FSM states continues to provide a large segment of the direct health care and enabling services for the maternal and infant population. The assessment of services for pregnant women in 2005 shows 26.1% of the women received early prenatal care, an increase from 2004, which was 24.7. The total live births for FSM in 2005 was 2,441. Of this, 71 or 2.9% were low birth weight live births and 8 or 0.3% were very low birth weight live births. The data showed that FSM was able to reduce the percentage of low birth weights and stabilized the percent of very low birth weight births. The data also reflected a relatively good educational program on nutrition for pregnant mothers in the FSM, which contributed to the decrease in the percent of pregnant women screened with anemia to 46.3 in 2005 from 89.6 in 2004. The neonatal mortality rate was reduced in 2005 to 9.4 from 13.3 in 2004 and infant mortality was also reduced to 16 in 2005 from 17.4 in 2004. Although the adequacy of prenatal care as measured by the Kotelchuk Index may be considered low for the FSM, birth outcomes have improved in 2005 as compared to in 2004. In 2007, FSM will track the following performance measures: (Please refer to the State Negotiated Performance Measures for the Federated States of Micronesia). //2007//

//2008// The assessment of services for pregnant women in 2006 shows 19.8% of the women received early prenatal care, a decrease from 2005, which was 26.1. The total live births for FSM in 2006 was 2,325. Of this, 203 or 8.7% were low birth weight live births. The data also showed that 13/4834 or 0.3% of pregnant women were smoking during the last three months of pregnancy. Although this number deem small, all state programs reported that many more pregnant women were chewing betel nuts with cigarettes during the last three months of pregnancy. FSM Priorities will remain the same. //2008//

//2009// FSM Priorities will remain the same. //2009//

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	80	0
Annual Indicator	100.0	100.0	100.0	0.0	0.0
Numerator	1	1	1	0	0
Denominator	1	1	1	1	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	85	87	90	80	80

Notes - 2006

Not applicable to FSM.

Notes - 2005

Not Applicable to FSM.

a. Last Year's Accomplishments

Not applicable to FSM. FSM lacks the capacity to conduct such screening therefore nothing was doing last year.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Not Applicable. FSM lacks the capacity to conduct such screening.	X			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

FSM submitted a Grant Application for the Early Hearing Detection and Intervention (EHDI) to HRSA. FSM has not received any words on the status of the application but we are very optimistic that we will be funded.

c. Plan for the Coming Year

If the FSM Early Hearing Detection and Intervention Application was approved, next year FSM should be able to train the nurses throughout the four FSM states to do hearing screening of every newborn before they are discharged from the hospital.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	70	80	20	80	80
Annual Indicator	0.0	62.0	100.0	76.4	0.0
Numerator	0	173	1	146	0
Denominator	807	279	1	191	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	85	85	90	90	90

Notes - 2006

Pohnpei State conducted a CSN Survey in April and May this year. The Survey Questionnaire and report is attached under "State Overview" Other MCH Capacity.

Notes - 2005

Not applicable to FSM. FSM did not conduct a CSHCN Survey in 2005 because FSM Health Services was organizing a NCD Step Wise Survey, which is currently taking place in Chuuk State. All available personnel have been mobilized for this activity. We, however, plan to conduct a CSHCN Survey in February 2007.

a. Last Year's Accomplishments

Last year Pohnpei State did a Survey on Children With Special Health Care Needs (CSHCN) to learn more about what Parents of CSHCN are saying about the services that they receive and also to find out whether or not they are satisfied with the services they received. The data collected in the Pohnpei Survey was presented during the 2007 MCH Grant Review and was all included in the MCH Data Matrix for 2006.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. FSM will conduct a CSHCN Survey in April next year to better respond to this measure.		X		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Yap State is currently conducting a CSHCN Survey. Unfortunately, they are not able to complete the Survey in time for this year's application. The results of the YAP CSHCN Survey will be presented next year.

c. Plan for the Coming Year

Next year, Kosrae State will conduct a CSHCN Survey on behalf of the other FSM States.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	70	70	60	70	70
Annual Indicator	0.0	57.0	0.0	76.9	0.0
Numerator	0	57	0	40	0
Denominator	807	100	1	52	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	70	70	80	80	90

Notes - 2006

The data came from the CSN Survey conducted in Pohnpei this year.

Notes - 2005

Not applicable to FSM.

a. Last Year's Accomplishments

Last year Pohnpei State did a Survey on Children With Special Health Care Needs (CSHCN) to learn more about what Parents of CSHCN are saying about the services that they receive and also to find out whether or not they are satisfied with the services they received. The data collected in the Pohnpei Survey was presented during the 2007 MCH Grant Review and was all included in the MCH Data Matrix for 2006.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. FSM will conduct a CSHCN Survey in April next year to better respond to this measure.		X		
2.				
3.				
4.				
5.				
6.				

7.				
8.				
9.				
10.				

b. Current Activities

Yap State is currently conducting a CSHCN Survey. Unfortunately, they are not able to complete the Survey in time for this year's application. The results of the YAP CSHCN Survey will be presented next year.

c. Plan for the Coming Year

Next year, Kosrae State will conduct a CSHCN Survey on behalf of the other FSM States.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	50	15	22	25	30
Annual Indicator	11.2	20.1	0.0	36.1	0.0
Numerator	90	56	0	109	0
Denominator	807	279	1	302	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	60	80	85	90	95

Notes - 2006

The data came from the CSN Survey conducted in Pohnpei State this year.

Notes - 2005

Not Applicable to FSM. FSM did not conduct a CSHCN Survey in 2005. We will do a survey in February 2007

a. Last Year's Accomplishments

Last year Pohnpei State did a Survey on Children With Special Health Care Needs (CSHCN) to learn more about what Parents of CSHCN are saying about the services that they receive and also to find out whether or not they are satisfied with the services they received. The data collected in the Pohnpei Survey was presented during the 2007 MCH Grant Review and was all included in the MCH Data Matrix for 2006.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB

1. FSM will conduct a CSHCN Survey in April next year to better respond to this measure.		X		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Yap State is currently conducting a CSHCN Survey. Unfortunately, they are not able to complete the Survey in time for this year's application. The results of the YAP CSHCN Survey will be presented next year.

c. Plan for the Coming Year

Next year, Kosrae State will conduct a CSHCN Survey on behalf of the other FSM States.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	50	50	30	35	40
Annual Indicator	100.0	14.0	0.0	34.8	0.0
Numerator	1	38	0	108	0
Denominator	1	272	1	310	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	60	60	80	85	90

Notes - 2006

The data came from the CSN Survey conducted in Pohnpei State this year.

Notes - 2005

Not applicable to FSM. FSM did not conduct a CSHCN Survey in 2005.

a. Last Year's Accomplishments

Last year Pohnpei State did a Survey on Children With Special Health Care Needs (CSHCN) to learn more about what Parents of CSHCN are saying about the services that they receive and also to find out whether or not they are satisfied with the services they received. The data

collected in the Pohnpei Survey was presented during the 2007 MCH Grant Review and was all included in the MCH Data Matrix for 2006.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. FSM will conduct a CSHCN Survey in April next year to better respond to this measure.		X		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Yap State is currently conducting a CSHCN Survey. Unfortunately, they are not able to complete the Survey in time for this year's application. The results of the YAP CSHCN Survey will be presented next year.

c. Plan for the Coming Year

Next year, Kosrae State will conduct a CSHCN Survey on behalf of the other FSM States.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	40	40	20	25	30
Annual Indicator	100.0	17.0	0.0	66.7	0.0
Numerator	1	44	0	132	0
Denominator	1	259	1	198	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	60	60	80	80	90

Notes - 2006

The data came from the CSN Survey conducted in Pohnpei State this year.

Notes - 2005

Not applicable to FSM. FSM did not conduct a CSHCN Survey in 2005. We will do a survey in February 2007.

a. Last Year's Accomplishments

Last year Pohnpei State did a Survey on Children With Special Health Care Needs (CSHCN) to learn more about what Parents of CSHCN are saying about the services that they receive and also to find out whether or not they are satisfied with the services they received. The data collected in the Pohnpei Survey was presented during the 2007 MCH Grant Review and was all included in the MCH Data Matrix for 2006.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. FSM will conduct a CSHCN Survey in April next year to better respond to this measure.		X		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Yap State is currently conducting a CSHCN Survey. Unfortunately, they are not able to complete the Survey in time for this year's application. The results of the YAP CSHCN Survey will be presented next year.

c. Plan for the Coming Year

Next year, Kosrae State will conduct a CSHCN Survey on behalf of the other FSM States.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	77	80	50	60	70
Annual Indicator	93.2	79.2	82.5	60.0	68.8
Numerator	2705	2478	2486	1751	1860
Denominator	2902	3127	3015	2917	2703
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

	2008	2009	2010	2011	2012
Annual Performance Objective	80	90	95	95	100

a. Last Year's Accomplishments

Overall, the Immunization coverage for children through age 2 have improved in the past year. Although, there were variations by state coverage, the percent was so small that it may have no significance statistically. Coverage by State are as follows: In Chuuk, this performance measures decrease from last year by 4% due to several challenges to the Program. There were less outreach services for FY 07, and more areas in the lagoon very difficult to reach. For Pohnpei, the FY 07 coverage decreased by 1.4% from that of the last year. This was due to the Immunization's Program inability to access the outer islands because the Field Trip Ship is having problem and cannot service to the outer islands. In Kosrae, the percentage increased from 79% in 2006 to 99% in 2007. Immunization clinics in the communities were done every Mondays at the four villages and one Tuesday in Walung. The central clinic is every Wednesday. This is the schedule that Kosrae State followed throughout the year and this contributed to the high achievement for 2007. In Yap State, the immunization coverage increased by 5% from 89% in 2006 to 94% in 2007. This was in part due to more outreach visits to communities by Public Health nurses, regular review of immunization master lists and the diligent visits by Waab Community health workers as well as increased visits to the Neighboring islands.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase number of children to be vaccinated	X			
2. Increase number of outreach services to the remote islands			X	
3. Develop IEC materials on important of immunization				X
4. Ensure the availability of Vaccines in the Clinic	X			
5. Increase Out-reach clinic schedules and do daily tracking by noncompliance clients	X	X	X	
6. . Provide walk-in immunization at the center	X	X		
7.				
8.				
9.				
10.				

b. Current Activities

In the FSM, the State MCH programs are working collaboratively with the other Public Health Programs, especially the Immunization Program to continue to carry out activities to assure that all children in the target population are immunized. Specific activities by state are as follows: In Chuuk, the MCH Program had been working collaboratively with the Immunization Program in doing outreach activities; however we need to increase number of visits to the lagoon islands. In Pohnpei, the MCH program is doing more Health Education in the communities regarding the importance of immunization, increase Out-reach clinic schedules, and do daily tracking of noncompliance clients. The MCH program also provides walk-in immunization at the main, central clinic. In Kosrae, the immunization program and well baby clinic add on Friday to the schedule however more children coming and we see an increase in the immunization coverage. In addition vaccines were in stock all throughout the year. In Yap State, Nurses and Community Health workers (CHC) are going out to remote villages giving immunizations or bringing mothers and children into CHCs for immunization updates. There is closer collaborative efforts between Immunization Program staff and CHC staff.

c. Plan for the Coming Year

FSM plans to build on the good practices in order to reinforce activities that contribute to increased coverage.

In Chuuk, because of the drop from 54% to 50%, the MCH Program needs to work closely with the National Government to get support for financial, and other strategies to bring the coverage up. We need to look at the State Health priority areas and shift the resources especially funding and personnel to this area, and other activities. The Dispensary Division need to work with Public Health to increase number of Health Assistants to do the vaccine in their community. In Pohnpei, the plan is to continue to increase the awareness of the importance of immunizing children, to increase the immunization coverage by providing daily immunizations at the walk-in clinics at the Primary Health, OPD and the private clinics on the island, and to continue to do outreach in the communities and to tract the incomplete list provided by the CASA program. In Kosrae, the plan is to maintain the schedule and keep supplies in stock all the time. In Yap, at the end of the year, the immunization coverage will be increased by 3% through the following: a) Administer immunizations at Well Baby clinics 4 times a month + walk-in on Tuesdays every week at Public Health; daily at CHCs; b) By-weekly review of Immunization records to find overdue children; c) Provide immunization services on every field trip to the Neighboring Islands. Yap MCH Program anticipates less visits by ship due to problematic vessel, and the high cost of fuel.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	20	18	40	50	50
Annual Indicator	19.7	30.9	15.0	17.2	21.1
Numerator	101	118	123	98	109
Denominator	5119	3816	8211	5711	5170
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	40	40	30	30	20

a. Last Year's Accomplishments

This measure has always been a problematic one for the FSM. Although, the FSM MCH Program have done so much in this area, the rate slightly increased in 2007. The island culture of

allowing teenagers to get married at an early age may have contributed to the slight increase. Below are the State programs specific rates and some activities that were implemented last year. In Chuuk State, the Teens birth rate for FY 07 increase, there is abstinence education and youth awareness on the risk of Teenage pregnancy in the community and also in the School, but the teenage births still increase, it could be due to improving data and more teens are coming to use services. For Pohnpei, the teenage birth rate is continuing to decrease from rate of 50 per 1000 to 43.5 per 1000 and is now down to 30 per 1000. Though our rate is decreasing it is still high and remains a problem. For Kosrae, the rate of birth per 1,000 for teenagers aged 15 through 17 years decrease from 17/1,000 in 2006 to 9/1000 in 2007. Educating teenagers through workshops and conferences is one of the major activity that the MCH program staff did starting in the beginning of the school year in each of the Municipality and at the schools. For Yap State, the teen birth rate increased by 19 percent. The majority of the teen births this year are from the Neighboring Islands still in primary grades, and family planning promotion is very weak due to cultural and religious barriers.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provide Contraceptive Methods to the Teenagers	X			
2. Work with COM Peer Educators in counseling skills for discouraging youths in engaging in sexual activities			X	
3. Develop IEC materials on prevention of Teen Pregnancy				X
4. Work with the High School on health curriculum to include adolescent's health				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Activities targeting teenagers are on-going in the FSM; some highlights are: In Chuuk, there is an Adolescents Wellness Center located at COM Land-Grant at the present time to provide health services to the youths in the community. The MCH/Family Program work collaboratively with other program in Public health like HIV/AIDS to reach out to the youths in the community also other NGO's like Chuuk women's Association is actively working with Public Health Program on adolescents issues. In Pohnpei, current activities include; re-establishment of the Adolescent multi-purpose center, which will also be accessible to the Public, to provide services to the youths every day, ensure staffs and necessary supplies are available, and develop and disseminate pamphlets on importance of delaying pregnancy. The Adolescent Health Development Project (AHD) and the Family Planning programs aim to increase number of contraceptive users by 5% over the last year. In Kosrae, the MCH Program did only one conference with the seniors students at Kosrae High School and join the Women's Day activity and the population week activity. The MCH program staff also educated some teenagers during the workshop sessions. In addition, The MCH staff also educate senior students who came for student work/up for college. We did one to one counseling and education. In Yap, the Emergency birth control package is in the plan to be available and promoted in the Neighboring Islands, the high schools as well as the colle

c. Plan for the Coming Year

The FSM MCH Program plans to continue working with government organizations, NGOs, and other community groups, espically cultural leaders in an attempt to reduce teen marriage, hence

teen pregnancy.

For Chuuk State, The MCH/Family Program plans to continue its effort to reach out to the youths in the community on the issues for Teen Pregnancy or other risk behavior. There is a joint effort of UNFPA to start a youth clinic at the High School to promote family Planning issues as using contraceptives. MCH Program is working with the other program as HIV/Aids in training the peer educators and counselors to increase the youth awareness on the health risk behavior to prevent teenage pregnancy. The Youth awareness program has already started with the assistance of the Australian Government and MCH is very active in working with the other programs in Public Health who coordinate this youth project. We are excited to learn that United Nation will fund another youth wellness program more like a clinic for the youth population in Chuuk. The other funding for the youth on abstinence was not funded anymore so we are looking forward to work with the United Nation Family & Population Agency to fund another adolescents clinic here in Chuuk. There is a plan to continue the Youth Resource Center but other Reproductive services will be included. The MCH Program will work with COM Peer Counselor to counsel the youth on using contraceptives if needed. For Pohnpei, to maintain current activities and in addition to develop dramas and plays on issues relating to youth and pregnancy, nutrition and health for the peer educators to perform or do radio spots as a collaborative of AHD, Family planning and MCH. In Kosrae, the program plans to expand and increase the education and counseling sessions by doing more per quarter. For Yap, by the end of the year, the teen birth rate will be decreased by at least 5%. a) All 16 Neighboring island dispensaries will be stocked with EC package; b) 5 Awareness and promotion articles on birth control methods in "Cancer News"; and c) 2 meetings with N.I. DOE staff and N.I. policy makers addressing teen pregnancy.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	34	35	65	70	75
Annual Indicator	54.7	59.7	40.7	37.6	64.4
Numerator	1703	1812	825	1185	1479
Denominator	3112	3036	2029	3149	2296
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	75	75	80	80	90

a. Last Year's Accomplishments

As a result of good collaboration between the State MCH Programs and Dental Health Programs, enough supplies were available, which contributed to the increased coverage for protective sealants last year. Although, two of the States' coverages were low, FSM was able to show an upward trend in a larger picture.

In Chuuk, there is an increase last year for this performance due to enough supplies for the Dental staff to be able to provide these services. In Pohnpei, third graders have remained at 100%, due to more school visits. But this year, only 3 of the biggest schools were visited and 330 third graders were examined and 292 (88.4%) received protective sealant. In Kosrae, the percent of 3rd graders who received sealants decreased from 59%(98/179) in 2006 to 52%(99/1185) in 2007. The main reasons for this drop is not necessarily need to be sealed. As we can see that the number of teeth surveyed increased but the percentage of teeth need to be sealed decreased. In 2006, the dental team comprised of a dentist and two dental assistants joined the MCH mobile team. The team went to the communities every Mondays and to the schools twice a year (March & September). In Yap, the number did not include 3rd grade children from the Neighboring Islands as reports from those islands is still a problem. There was less visit by the Dental Health staff to the neighboring islands.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Dental Staff to increase number of schools to visits	X			
2. MCH Program to ensure continuation of budget support		X		
3. Dental Staff to continue ordering sealants supplies		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The FSM MCH Program continues to build on the good collaboration with the State Dental Health Programs to guarantee adequacy of supplies and continuity of the schedule of activities. In Chuuk, the MCH Program and Dental Division are working together to ensure the continuation of budget to order enough supplies for the sealant program. In Pohnpei, current activities include strengthen of School Health Program in the Elementary Schools; continue the regular dental school visits; Continue regular monitoring of dental supplies; Improving dental health among pre-school children; Initiate and or enhance dental education, tooth fluoride varnishing at the well-baby clinic by Dental staff(s); Provide Dental Education to the Communities; and Provide Dental Services at the Dispensaries. In Kosrae, the MCH and Dental team still doing their work and following the schedule already in place. In Yap, one of the MCH dental nurse is on a visit to the neighboring islands. Collaborate with Chief of Dental to ensure data is received from the Neighboring Islands.

c. Plan for the Coming Year

The FSM MCH Program plans to contribute more money and assist in the procurement of sealants to guarantee continued increase in coverage. For Chuuk, the MCH Program both at the

National and State will work collaboratively with the Dental Division to continue supporting the sealant program financially. For Pohnpei, maintain activities as well as increase the number of third graders visits in schools. Continue to improve dental health among pre-school and school children. For Kosrae, the plan is to continue with our team work and maintain the equipment and supplies. For Yap, by the end of the year, the percent of children who have received sealants on at least one Permanent molar tooth will be increased by at least 5%. a) All non-dental dispensary managers in Neighboring Islands will be trained to provide dental sealants; b) Will seek support from Chief of Dental and Health Services Director in effectuating policies regarding reports from the Neighboring Islands (N.I.) to Central; c) There is a plan with the present administrator to re-establish the Primary Health Care Office that oversees needs in the Neighboring Islands dispensaries, thus the reporting system will improve; and d) At least 2 MCH funded visits to N.I. by Dental staff Program to other islands where there are no dental nurses.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	6.5	6.5	7.5	7.5	7
Annual Indicator	6.9	6.9	16.2	0.0	0.0
Numerator	3	3	7	0	0
Denominator	43172	43693	43172	40809	40339
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	6	5	4	3	1

a. Last Year's Accomplishments

This is the second year in a row that FSM MCH Program reported "0" for children 14 years and younger died due to motor vehicle crashes. In Chuuk, for this performance it is 0, there is no deaths this age group cause by motor vehicle. In Pohnpei, there is no death of children aged 14 years and younger caused by motor vehicle crashes this year, can be many reasons. Maybe people are practicing safe driving and following traffic regulations. In Kosrae, the rate remains 0. In Yap, there were no deaths of children aged 14 years and younger due to motor vehicle crashes in 2007. Therefore, there were no deaths of children aged 14 years and younger due to motor vehicle crashes in the FSM in 2007.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue education on safe driving		X		X
2. Department of Public safety to continue enforcing traffic laws		X		
3. The SAMH Program will continue doing public awareness on alcohol and drunk driving		X	X	
4. Public Safety to toughen law on age of driving		X	X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The FSM MCH Program is working closely with the department of Public Safety to continue to enforce safe driving laws. The FSM MCH Program is also working closely with the Substance Abuse and Mental Health Program to continue with counseling programs on drinking and driving. In Chuuk, this performance is not a big problem for the State since deaths is not cause by motor vehicle. In Pohnpei, continue education on safe driving. In Kosrae, this performance is not a big problem for the State. In yap, Police patrol is active; posting themselves at locations where drivers usually go over speed limit.

c. Plan for the Coming Year

The Plan is to continue to collaborate with the other state agencies/programs and provide financial support to developing education and counseling materials. For Chuuk, the plan is to continue monitoring this performance in the future. Both Pohnpei and Kosrae States plan is to work closely with Public Safety and Substance Abuse and Mental Health (SAMH) in education of safe driving. In Kosrae, and for Yap, by the end of the year, the rate of deaths among this age group will be maintained at 0 by: a) sending congratulatory letter to Public Safety patrol Unit, encouraging them to patrol drivers, and look out for drunk ones; b) continue collaborative efforts with SAMHP in activities curbing the use of alcohol by youths in this age range.

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				75	80

Annual Indicator			69.1	73.6	74.9
Numerator			1091	1545	1428
Denominator			1579	2098	1907
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	85	90	95	95	100

Notes - 2005

FSM does not have an Annual Performance Objective for 2005 because this is a new National Measure. Our Objectives for the subsequent years have been set.

a. Last Year's Accomplishments

There was a slight increase last year of 74.9% compared to 73% in 2006. The FSM MCH Programs have organized women groups to support breastfeeding mothers, especially the young and new mothers. Understanding of exclusive breastfeeding may be a problem in the FSM that may contributed to the modest increase. In Chuuk, the MCH Program continue to track this performance and women continue to breastfeed their baby up to six months old. The increase has to do with the breastfeeding support group in the community. MCH Program continues to support the women who are in the community and they encourage new mothers to breast-feed their baby up to six months. In Pohnpei, The percent of exclusive breastfeeding at 6 months is slightly increased to 49.4% this year. This was due to problems such as, record keeping, man power, and mothers not fully understood what exclusive breastfeeding meant (only breast milk nothing else). In Kosrae, the percent of mothers who were exclusively breastfed their infants at 6 months of age increased from 67%(140/210) in 2006 to 78%(127/161) in 2007. The community Breast feeding Support groups along with the MCH program staffs were very active in counseling and home visitation. One of the member of the Breast Feeding support group works regularly at the central clinic. What she does are visiting the newly delivered mothers at the OB ward. She counsels and educates them about breastfeeding while the other three work at the communities. The breastfeeding support group worked at their perspective areas in the communities with their schedules, duties and responsibilities. In Yap, the number decreased by 1 percent because many of the mothers of the 6 months old infants are working mothers and some are high school students.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Baby Friendly Hospital Initiatives		X	X	
2. Training women in the community regarding breastfeeding				X
3. Development of IEC materials on breastfeeding		X		X
4. Financial support to the women group	X			
5.				
6.				
7.				
8.				
9.				

b. Current Activities

The FSM MCH Program is continuing to support the women who are supporting breastfeeding mothers and also provide education and counseling in the clinics as well as during outreach activities on the importance of breastfeeding. In Chuuk, the MCH Program is continuing supporting the Breastfeeding Support Group in the community who are certified to provide education to the breastfeeding mothers. There is ongoing training and follow up training once a year in August during breast-feeding month for these 25 women in the different island communities. Among these breastfeeding support group women, there are Traditional Birth Attendants who are doing home delivery. We had identified them and trained them at the Hospital for Safety deliveries, neonatal care. In Pohnpei, the MCH staff continues to explain to mothers what exclusive breastfeeding means, give breastfeeding education during prenatal clinic, postpartum clinic, and at the well-baby clinic, disseminate education materials regarding the advantages and benefits of breastfeeding during prenatal clinic, encourage postpartum women to continue breastfeeding their babies until they are 6 months old, and doing breastfeeding awareness at all dispensaries. In Kosrae, one of the breast feeding support group member worked with the two other MCH staff during the well baby clinics. In Yap, the MCH staff are currently working on educational flip charts to be used during wellbaby clinics(funded by Australian Embassy- \$9,000 US)

c. Plan for the Coming Year

The plan is for the FSM MCH Program to continue supporting the community breastfeeding support group financially and expanding education and counseling session about the importance of breastfeeding in the clinics and communities. For Chuuk, the MCH Program plans to continue monitor this performance and to support this financially. It is important to increase the number and identify those women who perform well and maybe the Program can give them award or recognition for doing good performance in the community. Since this performance is a successful for the program, we are planning to contract some of these women who are certified and work very hard to continue doing the work in the community. MCH program will support these women by funding them on a contract basis. For Pohnpei, the plan is to develop pamphlets on benefits and advantages of Breastfeeding, do Health education regarding the benefits and advantages of breastfeeding during prenatal, post partum, and well-baby clinic, provide breastfeeding counseling during prenatal, post partum and well-baby clinic. Explain to mothers what is meant by exclusive breastfeeding, and do workshops to the Health Assistants to encourage them to disseminate information regarding the importance of exclusive breastfeeding in the communities and community based-clinics. For Kosrae, the program plans to continue to have the breast feed support member with us to do breast feeding counseling during the well baby clinic schedule at the central clinic. For Yap, by the end of the year the percent of 6 month old babies who are exclusively breastfed will increase by at least 5%. Two (2) exclusive breastfeeding radio spots to be aired monthly on local radio station x 12 months, and the MCH program will offer incentives to at least 50 new mothers, and four (4) billboards will be posted at four (4) strategic locations or sites.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	0	0
Annual Indicator	100.0	100.0	0.0	0.0	0.0
Numerator	1	1	0	0	0
Denominator	1	1	1	1	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	0	80	85	90	100

Notes - 2006

Not applicable to FSM.

Notes - 2005

Not applicable to FSM.

a. Last Year's Accomplishments

Not Applicable to FSM. FSM does not possess the capability to perform such screening. No accomplishments last year.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. FSM lacks the capacity to conduct such screening. Not activity for this measure.	X			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Not Applicable to FSM. FSM does not possess the capability to perform such screening. No current on-going activities.

c. Plan for the Coming Year

Not Applicable to FSM. FSM does not possess the capacity to perform such screening. No activity planned for next year. However, FSM had submitted an application to HRSA for the EHDI Project. If funded, FSM should be able to purchase the hearing screening equipments and start training nurses or hire technicians to be trained to conduct newborn hearing screening.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	10	10	10	10	10
Annual Indicator	80.7	89.2	58.5	91.2	90.6
Numerator	41483	32306	30080	46644	46963
Denominator	51386	36215	51383	51166	51824
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	9	8	8	7	5

Notes - 2007

In the FSM, everyone, including children are accessible to health care. No person can be denied medication or health care simply because s/he does not have money or cannot pay. This means that FSM has universal coverage in the health system. Additional coverage may be added with the purchase of a Health Insurance Policy.

Notes - 2005

FSM MCH program does not have control over children with or without insurance.

a. Last Year's Accomplishments

It is very difficult for the FSM MCH Program to obtain reliable data for this performance. However, based on reports received from the State MCH Programs, 90.6% of children in the FSM are without Insurance.

In Chuuk, this is a very difficult performance to track due to the lack of data given by the Chuuk State. Chuuk State has a Health Insurance Plan but they were not able to provide the data. Chuuk reported 100% of children are without insurance. In Pohnpei, only about 15% are insured, however, in Pohnpei, every children from age 18 and under can receive medical services regardless of whether the child has insurance or not. In Kosrae, the percentage of Children without health Insurance increased from 55% in 2006 to 63% in 2007. Many Kosraeans migrated to other countries looking for jobs. In Yap, only a few new parents have enrolled in the MICare Health Insurance, 92% have no insurance. MICARE, the only government owned Insurance Company in the FSM, reported that 111 children below the age of 1 throughout the FSM are insured; 80 private and 31 government.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Educate and counsel pregnant mothers about importance of Health Insurance during prenatal service and well baby clinic	X	X	X	
2. Women groups to promote importance of Health Insurance during World Population day and International Women's Week.		X	X	
3.				
4.				
5.				

6.				
7.				
8.				
9.				
10.				

b. Current Activities

The National MCH Program and the State MCH Programs are working closely with the State Insurance Programs and MICARE, only government owned Insurance Company in the FSM, for more accurate data. The State MCH Programs are working with parents through clinics and other community sponsored activities to advocate for parents to secure Insurance for their children. In Chuuk, there are two existing Health Insurance Plan for Chuuk the FSM Micare Insurance and the Chuuk State Health Insurance but the MCH Program has not been able to access to data from both of them. The MCH program staff are working with the management of the Insurance Programs so they can provide needed data for the MCH program. In Pohnpei, being insured depends on if one parent is employed. Part of Pohnpei State's counseling sessions is to encourage parents to get their children enrolled. Like Pohnpei, the Kosrae MCH Program staff are working with parents, through education and counseling sessions to get their children enrolled in the FSM insurance program. In Yap, the MCH Program staff continue to advocate enrolling in medical insurance at Post Partum and Well Baby Clinics.

c. Plan for the Coming Year

The FSM MCH Program is planning to continue with its efforts to convince more parents to enroll in some form of Insurance so their children can be covered. Neither the FSM Department of Health and Social Affairs nor the National MCH Program have control over the Insurance Programs. All of the four FSM States of Chuuk, Pohnpei, Kosrae and Yap plan to continue working with parents through education and counseling session to make sure more parents get their children insured. This is a on-going challenge for the MCH Program in the FSM.

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				10	15
Annual Indicator			100.0	0.0	0.0
Numerator			1	0	0
Denominator			1	1	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					

Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	30	50	70	80	90

Notes - 2006

FSM is not eligible for the WIC Program. However, during the next reporting period FSM will be reporting on the number of 2-5 year olds with BMI at or above the 85th percentile. No data collected for this reporting period.

Notes - 2005

FSM is not eligible for the WIC Program. Not applicable for FSM.

a. Last Year's Accomplishments

First part of this Performance Measure is not applicable to FSM, since FSM is not eligible for WIC. The second half, however, is applicable since BMI is taken at the well baby clinics. Unfortunately, none of the States provided information on their achievements.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. FSM is not eligible for WIC, therefore there are no activities for this measure	X			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Only Yap State provided information on their current activities. Yap Department of Health Services purchased and have received ten (10) Hemocue machines for the outer islands and will be shipped out on the next field trip.

c. Plan for the Coming Year

The National MCH Program Plan to contact the State MCH Program Coordinators for Chuuk, Pohnpei and Kosrae to ensure that data is collected and submitted next year. Because the other States did not report on this performance only Yap State provide their plan for the coming year. The Plan for Yap for the coming year is that all ECE and children 2 -3 years old will be screened for BMI by the end of the year; change the Well Baby Clinic (WBC) policy that children 2, and 3 years old be checked at least once in WBC, and screen all enrolled 3 and 4 year olds at all ECE centers.

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				2.5	2.5
Annual Indicator			2.9	0.3	2.0
Numerator			71	13	45
Denominator			2441	4834	2283
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	2	1.7	1.7	1.5	1

Notes - 2005

This is a new measure, therefore FSM does not have an Annual Performance Objective for 2005.

a. Last Year's Accomplishments

FSM reported an increase to 2% in 2007 from 0.3% in 2006. Although, there is an increase, it is worthy to mention that out of the four FSM States, three States reported that no pregnant mother was smoking during the last three months of pregnancy. All of the States reported, however, that more pregnant mothers are chewing betel nuts with cigarettes. In Chuuk, this performance continue to be 0 which means that many women reported that they are not smoking during their last trimester. In Pohnpei, the percent of pregnant women who smoke increase to 4.9% or 44/809 pregnant women. Concern remains that more women are chewing tobacco with betel nut than smoking. 4.9% smokes but 16.2% or 131 women are chewing tobacco excluding those that claimed stop when found out that they're pregnant. This is one problem we are tackling with the pregnant mothers. In Kosrae, the percentage of women who smoke in the last 3 months of pregnancy decreased from 0.5% in 2006 to 0% in 2007. Smoking is not a common behavior for Kosraean women. In Yap, only 1 woman amongst the 205 admitted to occasional smoking during the 3rd trimester. The majority of women did chew cigarettes with betelnuts.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Educate mothers in the clinic the side effects of smoking on the fetus		X	X	
2. MCH staff will conduct health education to the First-Visit prenatal clients, regarding the impact of cigarettes smoking and the use other substances on pregnancy	X	X	X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The FSM MCH Program is educating and counseling pregnant mothers on the risks that smoking may impose on the unborn fetus, including second-hand smoke. Education and Counseling sessions in the clinics and during outreach are on-going. In Chuuk, the MCH Program is working with the Mental Health Staff to educate mothers on the effects of smoking, and second hand smoking on the fetus. During prenatal clinic the staff continued to do health education to the mothers. In Pohnpei, once a week, the SAMH staff or MCH staff will conduct health education to the First-Visit prenatal clients, regarding the impact of cigarettes smoking and the use other substances on pregnancy, do radio program and community health education to inform the young parents of the availability of counseling at the SAMH program. Health Assistants will do health education to the First-visit Prenatal clients in the outlying clinics, on the effect of cigarettes and other substances on fetus. In Kosrae, the MCH program include questions regarding smoking and asked the pregnant mothers during first and third trimester visits. We also include on SAMH person in our clinic for interview and counseling. In Yap, the MCH Program staff continue to advice against smoking and chewing during Prenatal Clinics.

c. Plan for the Coming Year

The FSM MCH Program plans to continue educating mothers about the risks on pregnancies associated with smoking. The FSM MCH Program plans to strengthen activities to reduce the number of pregnant mothers who are chewing betel nuts with cigarettes. Education materials will be developed to reinforce information disseminated during workshops. For Chuuk, the MCH Program with other Program like Mental Health will work on development of IEC materials to increase the awareness of bad effects of smoking on the health of the mothers and the unborn babies. For Pohnpei, the plan is to maintain the current program activities. For Kosrae, the MCH program plans to continue with the same schedule and expand their questionnaires to include other tobacco products besides cigarettes. For Yap, the plan is that by the end of the year, the % of women who smoke during the last trimester will decreased to 0.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	25	25	25	15	15
Annual Indicator	45.3	22.5	17.0	7.4	28.9
Numerator	6	3	3	1	4
Denominator	13237	13357	17689	13503	13849
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012

Annual Performance Objective	3	3	2	2	1
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a. Last Year's Accomplishments

The FSM MCH Program reported a suicide rate of 28.9 in 2007 compared to 7.4 in 2006. The big increase was caused by the 4 suicides in Chuuk in 2007 compared to 1 suicide in Yap in 2006. No suicides reported in the States of Pohnpei, Kosrae and Yap last year.; All "zero" (0).

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue to work with the youths to address the problem of suicide.		X	X	
2. Do youth counseling at the high school, expressing the importance of life		X		
3. Do youth counseling on how to cope with stresses or depressions				
4. Conduct peer counseling and awareness on issues relating to youth at schools and in the communities		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The FSM MCH Program is providing counseling sessions to youths on how to deal with depression and other issues that may lead them into committing suicide. The FSM MCH Programs is also collaborating with the Substance and Mental Health Program for counseling on drug use, especially alcohol. Suicide in the FSM is often a result of drinking alcohol. In Chuuk, the MCH and Family Planning programs are working with the COM Staff to talk to youths regarding self-esteem and the prevention of suicide problems. In Pohnpei, the Adolescent Health and Development Program is doing youth counseling at the high school, expressing the importance of life, doing youth counseling on how to cope with stresses or depressions, and doing peer counseling and awareness on issues relating to youth at schools and in the communities. In Kosrae, the MCH program is doing suicide education and awareness, collaborating with the SAMHP for support and services and doing more surveys for early identification and prevention. In Yap, the MCH program is Continuing collaborative efforts at schools and in the communities to keep the youths actively busy so they stay in schools and away from alcohol.

c. Plan for the Coming Year

The FSM MCH Program plans to increase the number of peer educators/counselors to deal with youth directly. It is believed that sometimes effective message for youths are communicated from their peers. Plan has been made to continue the current activities in the coming year. For Chuuk, the MCH and Family Planning Programs plan to continue working with other Governmental Agencies and Non Government Agencies in the communities to educate youths regarding prevention of these problems. For Pohnpei, the MCH program plans to continue but expanding the current activities. For Kosrae, the MCH program plans to continue doing suicide education and awareness, Collaborate with the SAMHP for support and services, and doing more surveys

for early identification and prevention.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1	1	1	1	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	0	0	0	0	0

Notes - 2006

Not applicable to FSM.

Notes - 2005

Not Applicable for FSM.

a. Last Year's Accomplishments

Not applicable to FSM. FSM does not have facilities for high-risk deliveries. Not accomplishment.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. FSM lacks facilities for high-risk deliveries. There are no activities for this measure	X			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Not applicable to FSM. FSM does not have facilities for high-risk deliveries. No current activities.

c. Plan for the Coming Year

Not applicable to FSM. FSM does not have facilities for high-risk deliveries. No plans for the coming year.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	20	22	23	25	28
Annual Indicator	31.1	20.1	26.1	19.8	30.3
Numerator	780	486	637	461	696
Denominator	2506	2415	2441	2325	2299
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	60	80	80	90	100

a. Last Year's Accomplishments

FSM reported an increase at 30.3% in 2007 compared to 19.8 in 2006. This increase may have direct relationship with the increasing number of workshops in schools and communities for women of childbearing age.

In Chuuk, for FY 07 this performance increase this has to do with our effort in collaborating with the different women group to educate women the important of coming in early for prenatal care. Last year more outreach activities in the community which provide more Ante Natal Services to the women. In Pohnpei, the percent of infants born to pregnant women receiving prenatal care during the first trimester increased to 35.8%. In Kosrae, the percentage slightly increased from 24% (51/210) in 2006 to 25% (41/161) in 2007. Those first trimester visits were new mothers. In other words, they were primis. Activities that contributed to the slight increase include; Community workshops, Health topics focused mainly on the advantages of early prenatal care. Surveys were done where questionnaires were targeting the reasons for delaying early prenatal care. In Yap, the percentage this year decreased by 9% (35% in 2006; 26% in 2007). The percentage fluctuates in the lower numbers, never reaching 50% for the same reason that they wanted to make sure they're really pregnant before they come in for services.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Educate mothers the important of coming early for prenatal care		X	X	
2. Increase awareness among the women the consequences of coming late to prenatal care		X	X	

3. Maintain and continue missed menses clinics	X	X		
4. Give health education in the adolescent clinic regarding importance of early prenatal care.		X	X	
5. Disseminate health education materials regarding the importance of early prenatal care in the high schools		X	X	
6. Develop dramas or plays for the Adolescent peer educators to do for outreach program		X	X	
7. Do radio program				X
8.				
9.				
10.				

b. Current Activities

The FSM MCH Program is continuing its education and counseling sessions on the importance of coming in early for prenatal care. Shool and Community workshops are also on-going. In Chuuk, the MCH staff are educating mothers on the importance of coming early to prenatal care especially for those who are high risk. MCH /Family Planning Program work collaboratively with the women group in the community to educate women on importance of early prenatal care. During outreach visits MCH/Family Planning Staff initiated the early prenatal care and referred them to come to the clinic for other assessment and to do screening for the lab. In pohnpei, giving health education in the adolescent clinic regarding importance of early prenatal care, disseminate health education materials regarding the importance of early prenatal care in the high schools, and doing radio programs. In Kosrae, the MCH program is targeting married women who are not yet get pregnant the advantages of early prenatal care especially young couples and also women in the communities. In yap, the MCH program continues advocating early PNC during community meetings and workshops.

c. Plan for the Coming Year

The FSM MCH Program plans to continue to expand its outreach activities targeting more schools and communities. Follow up sessions will be carried out and additional promotional materials will be developed.

For Chuuk, the MCH/Family Planning program continue planning for more outreach visits in the community to see the pregnant women who are not able to afford to come to the clinic on the center. We are planning to have the MCH Physician to do frequent visits to do Reproductive Activities in the remote areas. For Pohnpei, the plan is to maintain all activities, however, to increase community awareness and education by joining the CES-Land grant. For Kosrae, the MCH program plans to do more community-awareness especially to young couples on early prenatal care. The MCH Program also plans to continue to have a Gyn doctor who will be available to see pregnant mothers or devoted to do her/his job, and to increase workshop sessions in schools (high school & college). For Yap, the MCH program plans to increase the percentage (coverage) by at least 3-5%. This will be achieved by doing at least 6 promotional articles in Cancer News during the year, Provide shopping vouchers as incentives and tie in with exclusive breastfeeding incentive program, doing two (2) early PNC promotion on local TV channel, and two (2) radio spots advocating early PNC.

D. State Performance Measures

State Performance Measure 1: *The percent of women receiving services in the MCH Programs who receive a Pap smear.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	58	40	30	35	40
Annual Indicator	27.7	27.3	26.8	57.2	17.5
Numerator	823	790	923	1793	412
Denominator	2975	2893	3450	3135	2353
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	80	80	90	90	95

a. Last Year's Accomplishments

The FSM MCH Program reported fewer women had pap smear screening. The data showed a decrease to 17.5% in 2007 from 57.2 in 2006. The reason was that both Kosrae and Yap States reported that they did not obtain any pap smear because they do not have a lab to send the specimen to. Due to internal control mechanisms, the National MCH Program was not able to secure a contract for pap smear reading in time. Now that a contract is in place, we expect the data to improve next year. Individual States report as follows: In Chuuk, there was improvement last year because the MCH Program was using a local clinic to do the pap smear analysis. It is still a problem for the reconfirmation of the specimen. There are many issues which created the problem of sending biopsy which has to do with the laboratory outside and the strength of the formalin solution. In Pohnpei, the number of women who received MCH program services were 875 and 20.6% or 181 of them received a Pap smear. The decrease was due to the change in venue for reading Pap smear. In Kosrae, the percentage decreased from 72% (528/736) in 2006 to 63% (282/441) in 2007. The decrease is just because of the delay of sending the pap smears to the contracted laboratory because as we all know that the FSM health department MCH program responsible for finding the best Laboratory for pap smear analysis but somehow was late. In addition to that, there wasn't any Gyn team from off island visited Kosrae in 2007 like they did in 2006. In Yap, none of the women receiving MCH services in 2007 received any Pap smear because there was no contract made with any off-island laboratory that can analyze the smear specimen.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Have the National Gov. to establish outside contract to read the pap smear		X	X	
2. Continue to work with Sefin Clinic on sending pap smear		X	X	
3. Coordinate with Public Health Nurse Practitioner and Physician to obtain pap smear during prenatal clinic	X			
4. Continue Public awareness on the importance of Pap smear screening			X	
5. Make sure Pap smear kits are available at all the MCH clinics		X		
6. Work closely with Family planning program staffs, STI/HIV/AIDS, and the Obstetrician(s) and Gynecologist.				X

7. Improve tracking of those with a positive or insufficient specimens result			X	
8.				
9.				
10.				

b. Current Activities

The National MCH Program entered into a contract with LabTech in Guam on behalf of the State MCH Programs. The States are now sending their specimen to LabTech. In Chuuk, the MCH Program Staff continued to obtain Pap smear as part of the screening for the prenatal patients during the clinic. There are some challenges for this services especially with confirmation of abnormal specimen. We are not able to send off specimen to outside laboratory for further analysis due to the high strength of the formalin solution. Another challenges is for the Health Services unable to send biopsy specimen outside due to unpaid credit in the past. In Pohnpei, the MCH Program is doing Public awareness on the importance of Pap smear screening, doing Pap smear screening the Public Health clinic, make sure Pap smear kits are available at all the MCH clinics, working closely with Family planning program staffs, STI/HIV/AIDS, and the Obstetrician(s) and Gynecologist, and working to improve tracking of those with a positive or insufficient specimens result. In Kosrae, the MCH program is taking pap smear at first visits prenatal, premarital and at 2 months postpartum and during Gyn visits if necessary. All pap smears are taken at the Central Clinic. I Yap, the MCH Program has requested the FSM Department of Health and Social Affairs to find an off-island laboratory for pap confirmation. The FSM Health officials are negotiating a contract with an off-island Laboratory.

c. Plan for the Coming Year

The FSM MCH Program plans to continue obtaining pap smear as part of their screening program. FSM Plans to increase the coverage next year by collaborating with the other public health programs. For Chuuk, the MCH Program/Family Planning will work with other program like cancer program to fund the biopsy specimen for reconfirmation. We will work with MCH Program at the FSM National to do the contract with medpharm laboratory to read the specimen. The MCH Program with Cancer program will negotiate with the local laboratory to continue read the pap smear with a reasonable fees. The program need to do more awareness to the women group on the importance of obtaining their pap smear. For Pohnpei, the MCH program will work with partners at National level to give contractual money for Pap reading to Pohnpei since we already have a reliable lab (Aloha Lab) to do the reading. For Kosrae, the MCH program will expand pap smear services to the dispensaries, have cancer kits available all the times, and establish a contract with the best laboratory in a timely manner. For Yap, the plan is that by the end of the year 60% of pregnant women attending PNC would have had their Pap smear taken as required /appropriate. This will be done by request FSM MCH to secure reading contract from an off-island Laboratory, to request at least \$3,300 for Pap smear reading, conducting quarterly cross-checking of # pregnant women vs. # received Pap smear services, and advocating and promoting Pap smear services to women in Yap during Women's Health Week.

State Performance Measure 2: *Percent of pregnant women who have been screened for Hepatitis B surface antigen.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	66	68	75	80	80
Annual Indicator	76.0	72.4	81.9	82.6	80.2
Numerator	2055	1624	2321	1762	1836
Denominator	2703	2244	2834	2132	2289
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	85	85	90	95	100

a. Last Year's Accomplishments

The FSM MCH Program reported about 2% decrease in Hepatitis B screening last year. The decrease was due to lack of reagents. In Chuuk, the MCH Program coordinated Hepatitis B screening with Immunization Program in providing supplies or reagent for screening prenatal patients for Hepatitis B during prenatal clinic. There is a decrease from 75% to 66% last year due to lack of supplies or Hepatitis B reagent. In Pohnpei, the percent of women with positive Hepatitis B decreased from 4.4% (30/683) in 2006 to 3.7% (30/805) this year. In Kosrae, the percentage slightly decreased from 100% (208/208) in 2006 to 95%(160/167) in 2007. The reason for decrease is the HB surface antigen was not available through out the year. In Yap, the percentage of women screened for Hepatitis remains at 100%.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue to coordinate with immunization program to supply the reagent for screening.		X	X	
2. To screen prenatal patients during prenatal clinic	X			
3. Make sure all pregnant women are screened for Hepatitis B	X			
4. Counsel and or educate pregnant women regarding prevention of transmission of Hepatitis B. virus.	X	X	X	
5. Ensure that all babies born to positive mothers are given the Immunoglobulin shot at birth	X	X	X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The FSM MCH Program is working with the Immunization program so enough reagents could be purchased to avoid stock outs. In Chuuk, the MCH Program continues to screen for Hepatitis B and for this performance sometimes we are out of supplies of reagent and we sent patients to the private clinic to do the test. The State Laboratory need to upgrade the equipment for a better result of the specimen. Either no supplies or the equipment at the lab is not working to do the specimen testing. In Pohnpei, the MCH staff are screening all pregnant women for Hepatitis B, and also provide counseling and or educate pregnant women regarding prevention of transmission of Hepatitis B virus. In Kosrae, the MCH program continues to carry out the activities from the previous year; activities and services are on-going. In Yap, the MCH staff continues to screen all pregnant women who come through the Prenatal Clinic and ensure that all babies born to positive mothers are given the Immunoglobulin shot at birth.

c. Plan for the Coming Year

FSM MCH Program Plans to provide some funds to assist with the purchase of reagents. Hepatitis B screening will continue to be one of the MCH program activities. For Chuuk, the MCH Program plans to continue coordinating with the immunization program to ensure that there will be continuation of reagent supplies. For Pohnpei, the plan is to continue current activities. For Kosrae, the plan is to continue current activities and keep HB reagents available all the time. For Yap, the plan is that by end of the year, 100% of HBsAg+ mothers will have their infants received Immunoglobulin at birth. This will be done by; a) 100% of HBsAg + pregnant women would have special colored-labels tacking their charts during PNC booking and b) Quarterly co-monitoring of immunoglobulin supplies with Immunization Program Coordinator.

State Performance Measure 6: *Percent of children enrolled in Early Childhood Education Program (Head Start) surveyed to determine the rate of decayed, missing or filled teeth.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				60	60
Annual Indicator					
Numerator			1390	13445	13550
Denominator			2406	1394	2042
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	55	40	30	20	10

Notes - 2007

FSM is tracking the oral health of children enrolled in the Early Childhood Education (ECE) Program who were identified as having decay, missing or filled teeth. Because each child surveyed could have more than one tooth decayed, missing or filled, the numerator is greater than the denominator.

FSM will replace this Performance Measure during the FSM MCH Program Coordinators workshop in 2009.

Notes - 2005

This is a new State Performance Measure for FSM. We hope to increase our coverage for 2006.

a. Last Year's Accomplishments

This is a new performance measure that FSM started tracking in 2006. The rate for 2007 was 663.6 compared to 964.5 in 2006. As the years go by, FSM would be in a better position to analyze our data to get some meaning of it. However, dental problem is a big issue for children in the FSM. In Chuuk, this is a new Performance Measures that the State is tracking. For the year of 2007 the total number of DMF is 2000/800 which gives us the rate of 2.5 percent. In Pohnpei, the total number of DMF is 8,472/607 ECE enrollment. Out of 607 children, only 7% are with good teeth. Maybe, it is best to do early intervention at early age when infants' teeth start erupting. In Kosrae, the percentage of teeth surveyed to be decayed, missing and filled decreased from 13.3% to 13%. The dental services program staffs did their own visit to the schools and shared the data with the MCH Program. In Yap, the DMF rate for 2007 is determined at 40%. Again, this number reflected data from Main Island only. Data from Neighboring islands was not available despite repeated requests.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Dental Division to continue survey the Head-Start children for DMF		X	X	
2. Educate care-takers and parents for oral health			X	
3. Improvement of the Data and to share with other programs				X
4. Teaching mothers on how to clean baby teeth before new teeth are erupted	X			
5. Application of fluoride varnishing to pre-school children, starting at one year of age	X			
6. Provide instruction to the children on how to do proper brushing of teeth	X	X		
7. Provide Dental Education in schools and in the Communities		X	X	X
8. Provide dental service to ECE students	X	X	X	
9.				
10.				

b. Current Activities

The FSM MCH Program continues to collaborate with Dental Health to continue screening for DMF of ECE children.

In Chuuk, the Dental Staff are providing services to the Head-Start children and surveyed them for DMF. They are giving out toothbrushes and tooth paste to the children. Oral Health Education is an ongoing activity for the Dental Division both in the clinic and also at the Head-Start Centers. In Pohnpei, the dental team is teaching mothers on how to clean the baby teeth before new teeth are erupted in an attempt to improve dental health among pre-school children, application of fluoride varnishing to pre-school children, starting at one year of age, provide instruction to the children on how to do proper brushing of teeth, and providing Dental Education in schools and in the Communities. In Kosrae, the dental staff joined the MCH mobile team to do their community services and also schools. In Yap, the MCH program continues to collaborate with ECE, CHCs in providing dental education during school health screening.

c. Plan for the Coming Year

The FSM MCH Program Plans to provide the dental supplies and have Dental Health carry out the screening. DMF screening will continue in the schools and communities in the coming year. For Chuuk, the plan is that both MCH Program and Dental Program need to emphasize their effort and priority to the oral health problem. The data on DMF need to be update and shared with Program Staff and also with the parents for them to understand the oral health problem. For Pohnpei, the plan is to keep improving dental health among pre-school children at well-baby clinic, teaching mothers on how to clean baby teeth before new teeth are erupted prior to immunization vaccination, application of fluoride varnishing to pre-school children, starting at one year of age prior to immunization vaccination, educate on healthy eating practices and habits, strengthen School Health Program in the Elementary Schools, provide dental education to the Child Bearing Age women, and provide Dental Education to the Communities. For Kosrae, the plan is to continue with the collaboration with denatal health, continue to educate parents and students on dental diseases, and keeping equipments and supplies available.

State Performance Measure 7: Percent of children with identified developmental problems who are admitted to the CSHCN Program.

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				35	40
Annual Indicator			1.0	9.7	19.7
Numerator			61	98	254
Denominator			5944	1007	1289
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	60	70	80	90	100

Notes - 2005

This is a new State Performance Measure for FSM. With the hiring of the new CSHCN Physician in late 2005, we hope to improve our coverage during the 2006 report.

a. Last Year's Accomplishments

There are fewer children admitted to the CSHCN program last year. The FSM MCH Program reported a decrease at 1.2% in 2007 compared to 9.7% in 2006. It is not known if fewer children are having disabilities or the screening is not comprehensive enough to include all targeted children. In Chuuk, this indicator showed that there is 1% of CSN clients identified as developmental problems who are admitted to the CSHCN Program. In Pohnpei, the percent of children with developmental problems who are admitted is 7.3% (23/311). In Kosrae, the percentage of children with identified developmental problem increased from 8% in 2006 to 13% in 2007. The increase is from those parents that just admitted that their children are having some kind of developmental delays and some that were identified during the child find survey for 2 yrs of age to 4yrs of age. In Yap, in 2007, 10 (5%) infants were referred to CSHN after assessment in the Well Baby Clinic, following Policies and Procedures manual, and health screening of students.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue Screening children that will be identify as developmental problems	X			
2. Update the CSN Registry to get accurate data				X
3. Collaborate with the other Assessment Team members	X			
4. Screening at well baby ongoing	X	X	X	
5. Continue to collaborate with Special Ed.		X		
6. Continue to do screening regularly		X		
7. Educate more on what to refer and where to refer	X	X		
8.				
9.				
10.				

b. Current Activities

The FSM MCH Program continues to collaborate with the Special Education Program to screen more children. Screening is on-going during well baby clinic. In Chuuk, the MCH/CSHCN Staff

are continued to screen the CSHCN clients who are referred from Well Baby Clinic and other Agencies and registered them if they are eligible for services. The CSN Registry is already in place and data are shared with Special Education and Head-Start Program for client's services. The CSHCN clinic is on going every day with the CSHCN Physician doing the Assessment and counseling done to the parents. In Pohnpei, the MCH program continues to carry out the activities from the previous year. In Kosrae, the MCH program joined the Child fine survey team this year, screening is on-going at well baby clinic, and referrals from parents, outpatient, OB and school to CSHN clinic increased. In Yap, the MCH/CSHCN programs continue careful screening, and follow up of children identified with developmental problem at Well Baby clinics, and periodic follow-up visits at CSHN clinics.

c. Plan for the Coming Year

The plan is to continue doing more screening and refer identified children for appropriate treatment. For Chuuk, the Inter-Agency Assessment Team members need to re-organize and try to set up schedule for all members to be present during assessment and evaluation for the clients. There is also a need to refer all the 0-5 years to the Early Childhood service providers for them to provide services to these CSN clients. The CSN Assessment team members to collaborate with Special Education on tracking these disable children during child find or during outreach visits. For Pohnpei, the plan is to continue current activities in the coming year. For Kosrae, the plan is to continue to collaborate with Special Education, continue to do screening regularly, and educate more on what to refer and where to refer. For Yap, 100% of infants with identified developmental delayed be examined by physicians. Yap plans to request the FSM CSHN Physician to do a 3-months site visit to Yap so that she can properly assess these children, and plan to implement at least 2 home-visits by PH nurse and Special Education RSA.

State Performance Measure 8: *Percent pregnant women attending prenatal care who are screened for low hemoglobin.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	96	96	90	90	95
Annual Indicator	97.8	89.6	90.0	89.4	98.6
Numerator	2480	2011	2091	1905	2256
Denominator	2537	2244	2324	2132	2289
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100

a. Last Year's Accomplishments

The FSM MCH Program reported a decrease in 2007 at 40.3% compared to 51% in 2006. As a matter of fact, all States reported decreases except for Kosrae. The decrease was due to lack of supplies available for screening. In Chuuk, 97% of women screened for low hemoglobin during their visits to Public Health for Prenatal Services. This is an increase from the previous year and because of the enough supplies that the MCH Program is providing for the lab. In Pohnpei, the percent of pregnant women with low hemoglobin decreases from 37.8% in 2006 to 26.9% this year. In Kosrae, the MCH program staff provided counseling and education during the first prenatal visit with anemia screening and general nutrition education also given at first visit. The

percentage remains at 100% in 2006 and 2007. In yap, 100% or all pregnant women going through PNC at first booking had their hemoglobin checked as per PNC procedures.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue screening prenatal women who come to Public Health clinic for prenatal services	X			
2. Coordinate with the laboratory for proper supplies			X	
3. Increase nutritional education to the public		X	X	
4. Encourage local food consumption		X	X	
5. Close monitoring of pregnant women with low hemoglobin level	X	X	X	X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Lack of supplies was identified as the cause of the decrease for coverage in anemia screening. The FSM MCH Program is trying to order more supplies to avoid stock outs in the future. In Chuuk, the MCH Program continued to order supplies necessary to screen the prenatal patients for low hemoglobin. We increase to 97% this year because the State Laboratory with the MCH Program continue to work together to ensure that supplies are available. The Chuuk State Laboratory is improving this year by purchasing their equipment in running the lab test for screening. In Pohnpei, the MCH program is increasing nutritional education to the public, encouraging local food consumption, and doing close monitoring of pregnant women with low hemoglobin level. In Kosrae, the nutritionist came to clinic every Tuesdays and do nutrition education to first visit prenatal and also during well baby clinic every Wednesdays. The nutritionist also joined the mobile team for MCH to do education during workshops and conferences. In Yap, the MCH staff continue to screen all pregnant women booked in PNC at Public Health and 4 CHCs.

c. Plan for the Coming Year

The FSM MCH Program plans to secure more funding to order more supplies to improve screening for anemia in the coming year. For Chuuk, the MCH Program plans to continue to support the State laboratory by ordering supplies like capillary tubes for them to screen the prenatal patients for low hemoglobin. The Program also plans to continue to educate and distribute ferrous tablets to the pregnant women who are anemic. For Pohnpei, the plan is to develop pamphlet on anemia in the local language, to develop dramas or plays on role of hemoglobin in the body relating to anemia, to continue education on the importance of nutrition to health especially during pregnancy, to encourage healthy eating habits and practices, and to work with laboratory people to make sure that all pregnant mothers are screened for Anemia and closely monitor those with low hemoglobin level. For Kosrae, the plan is to continue to include the nutritionist during clinic and try to expand the nutrition program to schools and communities, and also to provide liffllets and brochures to every woman comes to the clinic and in the schools and communities. For Yap, the plan is by the end of the year, 90% of pregnant women will be screened for anemia. In order to meet the objective, the MCH program plans to provide Hemocue machines and related supplies to at least 10 islands in Neighboring Islands (N.I.) and to provide at least 2 high-iron recipes to dispensaries, CHCs and PH-PNC.

State Performance Measure 9: *Percent infants who received at least six bottles (1 bottle/30 days) of fluoride in the first year of life*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	20	20	15	20	20
Annual Indicator	37.4	10.2	9.2	13.4	20.3
Numerator	500	224	635	1024	1706
Denominator	1337	2198	6892	7663	8423
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	30	50	70	80	90

a. Last Year's Accomplishments

Overall, the FSM MCH Program reported an increase, 20.3% last year compared to 13.4% in 2006. However, Pohnpei, Kosrae and Yap all reported decrease in coverage. The decrease was due to under-reporting of the data in the respective states. In Chuuk, this indicator increased at 18.3% last year from 13% in 2006. There is a Dental Nurse supported by the MCH Program who is responsible for fluoride varnish treatment to the younger children. In Pohnpei, the percent of infants who received bottles of fluoride in the first year of life remain 0%. However, 1885 infants received fluoride varnishing at clinic and out in the community site visits including dental hygiene education and proper ways to clean erupting teeth and brushing. In Kosrae, the percentage decreased slightly from 95% (172/181) in 2006 to 90%(210/233). The decreased is from the Kosraeans traveled out to other countries looking for jobs. In Yap, the number is low as the data from the Neighboring islands was not included, and because of the down-time of the ship, some islands children did not receive fluoride varnish.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Dental Program to continue apply fluoride varnish to all the 1-5 years in the Well Baby Clinic and ECE Program	X			
2. Have the Dental Program purchase enough fluoride varnish for this group of children			X	
3. Order supplies in advance so that supplies doesn't run out for a long period of time		X		X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The FSM MCH program continues to collaborate with Dental Services to purchase fluoride and carry of services.

In Chuuk, the MCH Program coordinates with Dental Division to have the Dental Assistant to apply fluoride varnish to all 1-5 years old who come for well baby and immunization clinic. The

Dental Staff joined the outreach team to do the fluoride varnish to the children in the community. There is already a staff assigned by the Chief of Dental Division to be responsible for this activity. In Pohnpei, the MCH staff and dental team continues to visit the communities and schools to provide fluoride varnish. In Kosrae, the Dental assistants are available and working with MCH Program very well, and availability of supplies throughout the year facilitated implementation of fluoride varnishing. In Yap, the MCH staff continue providing fluoride varnish to children in Well Baby Clinic, CHCs and ECE centers.

c. Plan for the Coming Year

The FSM MCH Program Plans to continue purchasing dental supplies to continue fluoride varnish activities.

For Chuuk, the plan is to increase number of visits to the community and we will continue to include the Dental Staff to join the outreach team. The written schedule for the Dental Assistant assignment daily will be written out and give to the Dental Division Chief. The daily data will be recorded and be computerized for easy access. The MCH Coordinator will coordinate with the Dental Division for the input of data electronically. The MCH Coordinator will encourage the Dental Division to participate in the Inter-Agency Assessment Team to assure that these services will be available for the 0-5years old in the ECC. For Pohnpei, the plan is to order supplies in advance so that supplies don't run out for a long period of time. For Kosrae, the plan is to continue doing current activities in the coming year. For Yap, the plan is by the end of the year at least 80 % of 1-5year old who attended WBC and ECE will receive fluoride varnish. To achieve this, 2 visits are planned at beginning of school year by dental nurses to islands where there are no dental nurses, will request \$5,000 to purchase fluoride varnish, and also plan to train 6 certified birth attendants and 11 dispensary managers in the application of fluoride varnish, and proper reporting to Central.

State Performance Measure 10: *Percent of children with special needs who have a completed reevaluation by the CSN team within the last 12 months.*

Tracking Performance Measures

[Secs 485 (2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	64	65	60	65	70
Annual Indicator	59.4	54.0	36.4	36.3	34.7
Numerator	479	519	414	446	452
Denominator	807	962	1138	1227	1302
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	70	75	80	85	90

a. Last Year's Accomplishments

The FSM MCH Program reported a decrease, 34.7% in 2007 compared to 36.3% in 2006. All four States reported decreases and their testimonies are listed below. In Chuuk, last year the data showed an increase by one (1%) and was reported that patients are having hard time to come to the clinic for their schedule visits due to transportation problem. In Pohnpei, the percent of children with special needs who have a completed re-evaluation decreases from 67.5 in 2006 to 66.5% this year. In Kosrae, the percentage decreased from 100% in 2006 to 30% in 2007. The main reasons for the decrease were: Lack of coordination which means that there is no coordinator of nurse for the position, shift in coordinating staffs, shortage of nurses, not enough time for the MCH Coordinator to do the CSHCN responsibilities and duties, members of the

CSHCN assessment team were shift to other program, and shift in CSHCN Physician. In Yap, the percentage appeared as an increase, but it is due to the dismissal of clients who had passed the age of 21 from the CSHN Registry, and some a few of the Rheumatic Heart clients were dismissed too by Dr. Singer on his last visit to Yap.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. CSN Staff will increase number of CSN to be screen	X			
2. MCH/CSN Program will do home visit for those CSN who do not show up for their appointment	X		X	
3. Update the CSN Registry				X
4. Improve the scheduling for re-evaluation by all teams	X			
5. Continue to improve and update data system		X		X
6. Improve and enhance communication between the comprehensive assessment team		X		
7.				
8.				
9.				
10.				

b. Current Activities

The FSM MCH Program is working with the Special Education Program and the State Interagency Council to improve services. In Chuuk, the CSHCN Staff continued to screen and register CSHCN Clients who referred from other program and also continued to do assessment for each client. The CSHCN Assessment Team only consists of the MCH /CSHCN Staff without Special Education and Head-Start. Data has been inputed electronically by the CSHCN Staff. In Pohnpei, the MCH and Special Education Interagency is working to improve the scheduling for re-evaluation by all teams, working to improve and enhance communication between the comprehensive assessment team, and to improve and update data collection. In Kosrae, the CSHCN assessment team could not complete all the CSN clients reevaluation because no coordinator and the CSHCN team were not capable to do an assessment or evaluation. In Yap, the CSHN Clinics are conducted weekly on Wednesday mornings, although clients had to wait for 1-2 hours to be seen by a doctor. Yap is short on physicians thus the waiting time.

c. Plan for the Coming Year

The FSM MCH Program plans to increase outreach programs to in order to reach out to those children who cannot come to the central clinic due to transportation problems. For Chuuk, the plan is to have Inter-Agency Assessment Team members schedule their time together for the assessment to be done. The Outreach Team plans to increase the number of visits for the assessment and re-evaluation to be done in the community. It has been very difficult for the parents to bring their children to the center for re-evaluation for the increase price of gasoline. The MCH/CSN Program Staff plan to review the computerized data and do home visits for those CSN clients who have not re-evaluated, which need to be done every month. The Inter-Agency Council which consist of all the Agencies who provide services to the disable children plus the parents organization plan to re-activate their functions especially to assure that these children will be served. The MCH/CSN Program plan to request to the National MCH supporting staff to provide transportation like a vehicle needed to visits these clients on Weno. Many of these disable children are located on Weno and we are not able to serve them due to transportation problem. For Pohnpei, the plan is to continue to assess and evaluate program and see where need to improve or revise in services being provided or in program management, plan to improve

the scheduling for re-evaluation by all teams (IAC), plan to improve and update data system, plan to continue to Improve and enhance communication between the comprehensive assessment team, and plan to continue to seek or ask for either a nurse or health assistant to work for the CSHCN program. For Kosrae, the plan is to hire the coordinator for the CSN program by the end of June, 2008. Another plan is to replace the CSN team members to update the reevaluation for these clients. For Yap, the plan is by the end of the year, the percent of children in CSHN Registry who had had an reevaluation be increased by at least 10%, (41% /2007 an increase of 7% from 2006).

State Performance Measure 11: *Percent of women of child-bearing age who attended workshops in the schools and communities during the reporting period.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective					0
Annual Indicator				0.0	34.5
Numerator				0	7295
Denominator				1	21157
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	50	70	80	90	90

Notes - 2006

No data was collected and reported from the FSM States during this reporting period.

a. Last Year's Accomplishments

The FSM MCH Program reported at 34.5% last year, a decrease from 38.3 in 2006. The decrease was due to under-reporting (outer islands data was not included). In Chuuk, the MCH staffed were educating women in the community and the schools. The MCH/Family Planning Health Education need to work more in the schools and also the youth in the community. In Pohnpei, 25% (6638/26585) of women of child-bearing age attend sessions in schools and communities. In Kosrae, the percentage increased from 3 % (47/1511) in 2006 to 13% (567/2007) in 2007. The MCH staff conducted health education sessions once a year in the four municipalities. In Yap, this number represented childbearing age girls in schools and women participants in educational workshops mainly on the main island plus 2 islands in the Neighboring Islands that are accessible by the PMA plane. There was no school-health screening nor workshops held in the other neighboring islands due to the down-time of the ship. (Data from CHCs also not included here).

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Target the COM, and High School girls for the education session		X	X	
2. Schedule the MCH Health Educator visits to community and the schools for the health education session			X	
3. Visit elementary and High schools to conduct workshops.		X		
4. Visit the communities to conduct workshops.		X		

5. Include appropriate health topics during population population day and women's health week celebrations.		X	X	
6. Doing local food campaign or promotion		X		
7.				
8.				
9.				
10.				

b. Current Activities

Women issues are very sensitive in the FSM, there for the FSM MCH Program is working with the women community groups and women school teachers to take lead in the workshops or discussion. In Chuuk, the MCH Program is currently working with the Chuuk Women's Association to educate women on the health issues for both mothers and children. We advocate to the women on their parts to participate in the services that MCH Program is providing for the health of mothers and children. The different functions for the women are women International week, and also women's health week which allowed us to present different health topics to the women. The Outreach services are also a time where we educate many mothers in the remote islands for those who are not able to come to the Public Health Clinic. In Pohnpei, the MCH staff are doing schools visits(elementary and High schools) and communities -- do awareness and education through presentations, dramas, variety shows, media and also youth to youth (individual peer education). In Kosrae, information was also disseminated during population week and women's health week. In Yap, the MCH program is continuing collaborative efforts in comprehensive education and counseling session with CHCs and other Public Health Programs.

c. Plan for the Coming Year

The FSM MCH Program plans to expand the workshop to the outer Islands in the coming year, but continue to target the rest of the communities on the main islands. This will be done by collaborating with other Public Health program and state agencies. For Chuuk, the MCH Program plans coordinate with other program at the Public Health like Family Planning, HIV/Aids, NCD and other services to educate childbearing age women especially at High Schools, and COM. We will continue to work with the Chuuk women Association to present health topics during their conference or meetings. For Pohnpei, the plan is to continue present activities by the Family Planning, School Health and AHD program. For Kosrae, the plan is to continue to increase the number of workshops maybe twice a year or quarterly. For Yap, the plan is that by the end of the year, the % of child-bearing age women who attend comprehensive health education in school and communities will increase to at least 25%. The plan is to have all 17 primary and ECE schools in Neighboring islands conducting School Health activities, to have 2 community workshops in Woleai and Ulithi Atolls, to conduct comprehensive health sessions in 4 communities on Main Island, to conduct at least 2 local food campaigns 1 addition to Yap Day, and 1 community school pilot an YINEC project -- local food cultivation and consumption campaign.

State Performance Measure 12: *The rate of maternal deaths in the reporting year.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective					
Annual Indicator					

Numerator					
Denominator					
Is the Data Provisional or Final?					Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	3	3	2	1	1

Notes - 2007

This is a new State Performance Measure. FSM will start reporting on this performance measure in 2008. The numbers are only dummies and should be ignored.

a. Last Year's Accomplishments

This is a new State Performance Measures for the FSM and the four (4) FSM States will start reporting on it in 2009.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. This is a new measure for the FSM. Data will be collected and reported in 2008. Not activities for this measure.	X			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

This is a new State Performance Measures for the FSM and the four (4) FSM States will start reporting on it in 2009.

c. Plan for the Coming Year

This is a new State Performance Measures for the FSM and the four (4) FSM States will start reporting on it in 2009.

State Performance Measure 13: *The percent of one year old babies with anemia.*

Tracking Performance Measures

[Secs 485 (2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Is the Data Provisional or Final?					Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	60	50	30	20	10

Notes - 2007

This is a new State Performance Measure. FSM will start reporting on this performance measure in 2008. The numbers are only dummies and should be ignored.

a. Last Year's Accomplishments

This is a new State Performance Measures for the FSM and the four (4) FSM States will start reporting on it in 2009.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. This is a new measure for the FSM. Data will be collected and reported in 2008. Not activities for this measure.	X			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

This is a new State Performance Measures for the FSM and the four (4) FSM States will start reporting on it in 2009.

c. Plan for the Coming Year

This is a new State Performance Measures for the FSM and the four (4) FSM States will start reporting on it in 2009.

E. Health Status Indicators

//2007// No changes or addition. //2007//

//2008//The rate of children hospitalized with Asthma was decreased to 40.8 in 2006 compared to 72.5 in 2005. Chuuk State reported 7/6308 or 11 out of every 10,000 of the less than five year old population hospitalized with asthma. Kosrae State reported 34/1013 or 336 out of every 10,000 hospitalized with asthma. Pohnpei State reported 8/5748 or 14 out of every 10,000 hospitalized with asthma. Yap State reported 10/1380 or 73 out of every 10,000 hospitalized with asthma. This may be a direct outcome of educating pregnant mothers about harmful effects of tobacco use and tobacco products, which was incorporated into prenatal care education and counseling sessions and outreach activities. Another factor that may have contributed to the decline, was the fact that more mothers have started exclusively breastfeeding their children. The percent of live births weighing less than 2,500 grams was increased in 2006 at 46% compared to 39% in 2005. Chuuk State reported 55/941 or 5.8% of live births weighing <2,500 grams. Kosrae State reported 19/210 or 9% of live births with low birth weight. Pohnpei State reported 101/949 or 10% of live births with low birth weight and Yap State reported 28/225 or 12.4% of live births having low birth weight. In 2006, 13/4834 or 0.3% of all pregnant mothers reported smoking during the last three months of pregnancy. Although, this figure seemed small, most states reported that many more pregnant women were chewing betel nuts with cigarettes during the last three months of pregnancy. This may have contributed to the high percentage of children borned with low birth

weight in each of the states. //2008//

//2009// This year, the health of children less than five year old seems to have improved tremendously compared to last year. Overall, the rate of children less than five year old who were hospitalized with Asthma was decreased to 21.5 in 2007 compared to 40.8 in 2006. Chuuk State reported a rate of 8.3 in 2007 compared to 11 in 2006. Pohnpei State also reported a decrease in 2007 at 10.8 compared to 16.8 in 2006. Kosrae and Yap States reported the most significant improvements with Kosrae showing a decrease of 165.7/10,000 in 2007 compared to 336/10,000 in 2006 and Yap State showing 7.2/10,000 in 2007 as compared to 72.5/10,000 in 2006. This may be a direct outcome of educating pregnant mothers about harmful effects of tobacco use and tobacco products, which was incorporated into prenatal care education and counseling sessions and outreach activities. Another factor that may have contributed to the decline, was the fact that more mothers have started exclusively breastfeeding their children. Overall, the percent of live births weighing less than 2,500 grams shows modest improvement in 2007 at 8.4% compared to 8.7% in 2006. Except for Chuuk, all States reported modest improvements. Pohnpei State reported that 81 out of 885 or 9.2% of live births were low birth weights. This is an improvement from last year at 10.6%. Kosrae State reported 14/161 or 8.7% of live births in 2007 with low birth weight compared to 9% in 2006. Yap State reported 25/241 or 10.4% of live births having low birth weight in 2007 compared to 12.4% in 2006. The analysis of pregnant mothers reported smoking during the last three months of pregnancy shows that 2% of all pregnant mothers in 2007 smoke. Although the data showed slight increase in the percent of pregnant mothers who smoke, we are proud to report that three States (Chuuk, Kosrae, and Yap) out of the four FSM States reported that NO pregnant mother were smoking during the last three months of pregnancy. Although, only Pohnpei State reported that some pregnant mothers were smoking, most states reported that many more pregnant women were chewing betel nuts with cigarettes during the last three months of pregnancy. This may have contributed to the high percentage of children borned with low birth weight in each of the states. The data for infants born to pregnant mothers receiving prenatal care beginning in the first trimester shows moderate improvement as well. In 2007, 30.3% of all infants born were born by women receiving prenatal care during the first trimester compared to 19.8% in 2006. Except for Yap, who reported a decrease to 26% in 2007 from 35% in 2006, all other states reported improvements. //2009//

F. Other Program Activities

//2006// The FSM MCH Program Activities are also supported by the Title X Family Planning Program, particularly in the provision of prenatal care services, at the Public Health Clinic and outreach program. The United Nations Population Fund (UNFPA) Reproductive Health Program compliments both the Title X Family Planning and the Title V MCH Program in the FSM by supporting services for pregnant mothers, all women of child bearing age (CBA), adolescents, especially young women and training of service providers. The UNFPA initiative in the FSM has contributed to the development of the Peer Education and Counseling Centers at the College of Micronesia-FSM National Campus and State Campuses of Chuuk, Kosrae and Yap, targeting in-school youths, development of the Adolescent Reproductive Health Project, currently being pilot tested in Pohnpei State, from which the ARH Multi-Purpose Center was established, which targets out-of school youths. All of these centers' activities are aimed at increasing awareness on both health and social problems effecting the youths in the pacific, especially FSM.

The National Women's Health Week Celebrations are held every year. This program supports the MCH Program Objectives by fostering positive attitudes for women. Essenstials of early prenatal care services were discussed, such as exclusive breastfeeding, screening for breast and cervical cancer with a pap smear, iron deficiency anemia, STIs, food taboos, which has positive corelation with iron deficiency anemia, and importance of healh insurance for children.

UNFPA also funds the POP-GIS, a graphic information system, aimed at improving data

management and translation for the FSM. //2006//

//2008// The Adolescent Reproductive Health Project, supported by the United Nations Population Fund (UNFPA), which is being pilot tested in Pohnpei State has changed its name to Adolescent Health and Development (AHD) Project. This year, two additional centers were opened up at the two new high schools in Pohnpei; Pohnlangas and Nanpei Memorial High Schools. Discussions are underway between the FSM Department of HESA, UNFPA and SPC to expand the project to Chuuk State. A tentative schedule has been set for HESA, UNFPA, and SPC to visit Chuuk State during the month of September this year to meet with State leaders about starting the Adolescent Health and Development Project in Chuuk. Once the AHD Project is operational, we hope that it would contribute to increased awareness on both health and social problems effecting the youths in Chuuk State. //2008//

//2009// An application for the Early Hearing Detection and Intervention (EHDI) grant has been submitted to HRSA. The EHDI program would enable FSM to purchase equipments and train nurses to conduct newborn hearing screening before hospital discharge. The grant is for three years and, if funded, FSM should be able to response better to some of the Performance Measure in the MCH Block Grant Data Matrix. //2009//

G. Technical Assistance

//2006// No Change.//2006// //2008// No change or additions //2008// **//2009// No Change //2009//**

V. Budget Narrative

A. Expenditures

//2008// The discrepancy in form 3,4 and 5 is due to the fact that in filling out these forms, FSM MCH program based its expenditures on what was actually awarded for that year. The budget columns were what FSM proposed for that year. The expended columns were what FSM was awarded. As can be seen, the total amount in the budget columns is exceed the amounts in the expended columns because FSM MCH Program only reported on what is spend out of the actual award.//2008//

//2009// **No Change** //2009//

B. Budget

//2009//

BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2009

As documented in the Statement of Assurances in Section III, REQUIREMENTS FOR APPLICATION, the Federated States of Micronesia assures the Secretary of DHHS that no more than 10% of funds will be used for administrative costs of each program component. The FSM further assures the Secretary that it defines these administrative costs as the salary for the Program Coordinator, fringe benefits, travel for the Program Coordinator and one program staff and expendable supplies to support the administration of the program at the FSM National Government.

PERSONNEL \$13,085

A total of \$13,085 is budgeted for personnel cost and includes provision of within grade increase for the Program Assistant Coordinator currently funded by MCH funds.

FRINGE BENEFITS \$1,178

A total of \$1,178 has been set aside for fringe benefits which cover social security, insurance and other benefits due the staff. Fringe benefits are based at 9.0% of the total base salary.

TRAVEL \$15,000

A SUM Portion of the funds will enable program coordinator to conduct on site program and financial monitoring in the four (4) FSM states. The balance will fund the program coordinator and one program staff to attend the MCH Block Grant Application review and MCH Annual Partnership Meeting.

EQUIPMENT \$0

No equipment funds requested in FY-09.

SUPPLIES AND MATERIALS (EXPENDABLE) \$2,500

This amount is to purchase supplies and materials necessary to maintain the administrative operation of the program at the National level.

CONTRACTUAL \$1,000

\$1,000 will cover the FSM Membership fee to the Association of Maternal and Child Health Program (AMCHP).

OTHER \$ 2,800

\$2,000 will cover communication expenses, \$1,000 freight cost, \$800 POL.

TOTAL: \$35,563

PREGNANT WOMEN, MOTHERS & INFANTS

BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2009

PERSONNEL \$125,856

The sum of \$125,856 has been budgeted to support the salaries of the component staff at the four (4) States of Kosrae, Chuuk, Pohnpei and Yap.

FRINGE BENEFITS \$10,381

Fringe benefits of 6.0% of the base salary is set aside to cover social security, insurance and other benefit due the staff. Kosrae fringe benefit rate of 8.0%, Pohnpei at 6.0%, Chuuk at 10.0%

and 9.0% for FSM National Government.

TRAVEL \$13,607

This amount will cover intra-island and off-island travels by component staff relating to MCH and Family Planning conferences, workshops or trainings.

SUPPLIES \$13,550

This amount is to purchase both office, medical, and dental supplies for the four (4) States of Chuuk, Kosrae, Pohnpei and Yap.

EQUIPMENT \$0

No equipment funds requested in FY-09.

CONTRACTUAL SERVICES \$18,860

This amount is requested to contract an off-island Laboratory to read pap smear for the four (4) FSM states.

OTHER \$4,250

This amount requested for FY-2009 is to cover the cost of printing and reproducing MCH educational materials, correspondence, reports; communication (telephone, FAX,); freight and petroleum, oil and lubricant (POL)

TOTAL: \$186,504

CHILDREN & ADOLESCENTS

BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2009

PERSONNEL \$125,856

This amount requested will support the salaries of the component staff in each of the four (4) FSM states.

FRINGE BENEFITS \$10,381

This amount are based on 6.0% Pohnpei, 10% Chuuk, 8% Kosrae and 6% Yap state of the total base salary set aside for social security and other benefits due the staff.

TRAVEL \$13,606

This amount requested is budgeted for intra-island and off-island travels for the Four (4) FSM states.

EQUIPMENT \$0

No equipment funds requested in FY-09.

SUPPLIES \$13,550

This amount is to purchase office and medical supplies for the MCH and Dental Program in the four (4) States of Chuuk, Kosrae, Pohnpei and Yap.

CONTRACTUAL SERVICES: \$4,156

A total amount requested is to support breastfeeding support group.

OTHER \$4,250

A total of \$4,250 is requested to accommodate the costs of printing and reproduction, communication, freight, fuel, oil and lubricant for Chuuk, Kosrae, Pohnpei and Yap.

TOTAL: \$171,799

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2009

PERSONNEL: \$59,951

\$59,951 will continue support the salaries of Chuuk MCH Coordinator, CSHCN Coordinators for Pohnpei and Kosrae, and a National CSHCN Physician.

FRINGE BENEFITS: \$5,396

This amount covers the Social Security, insurance and other benefits due the staff, and is based on an average 9.0% of the total base salary.

TRAVEL: \$36,000

\$36,000 will support off-island travel cost for the following program activities: 1) Both National and States MCH/CSHCN Coordinators, and one parent representative to attend the Pacific Basin Interagency Leadership Conference (PBILC); 2) To continue fund travel of the off-island pediatric cardiologist consultant in the FSM states and 3) National Program Manager to attend the Annual Maternal Child Health Program (AMCHP) Meeting in Washington D.C. and The differences will support travel of the National CSHCN Physician to the four FSM states and to attend the PacRim meeting in Honolulu, Hawaii.

EQUIPMENT: \$0

No equipment funds requested in FY-09.

SUPPLIES: \$40,000

\$40,000 is requested to purchase medical supplies such as long acting Bicilline, Multi-Vitamin, and Albendazole for the four FSM states.

CONTRACTUAL SERVICES: \$28,500

\$7,500 will continue to contract one off-island Pediatric Cardiologist consultant to provide services in the four FSM states and the differences will fund the FSM Special Olympic activities for children with special needs.

OTHER: \$0

No other funds requested in FY-09.

TOTAL: \$169,847

BUDGET NARRATIVE JUSTIFICATION

Fiscal Year 2009

State of Chuuk

PERSONNEL: \$83,374

A total of \$83,374 is requested to continue support the salaries of eleven (11) MCH staff in FY-09.

FRINGE BENEFITS: \$8,278

To cover the social security, insurance and other benefits due the staff, total of \$8,476 is budgeted and based at 10% of the total base salary.

TRAVEL: \$7,116

\$2,000 is requested for intra-island travel to conduct outreach clinic. \$5,116 to support the MCH coordinator or staff to attend the off-island related conference, workshop or training. This meeting are include, FP/MCH Annual Conference and American Pacific Nursing Leadership Conference (APNLC) in Saipan.

EQUIPMENT: \$0

No equipments requested in FY-09.

SUPPLIES: \$6,800

a) Medical and Dental Supplies

of this amount 4,000 is requested to purchase medical supplies including prenatal tablets, iron tablets and liquid, multi-vitamins and tempra for children and to purchase laboratory supplies to screen prenatal patients for hepatitis B, Anemia. The remaining \$2,000 is requested to support the Dental Health Preventive Program such as toothbrushes, fluoride drops and sealants.

b) Office supplies (Expendable) \$800

A total amount of \$800 is requested to purchase office supplies to run MCH Clinic both in the center and out in the fields.

CONTRACTUAL SERVICES: \$6,000

\$6,000 is requested for contractual services. Of this amount \$5,000 will contracted a laboratory to read pap smears. \$500 will be used to support newly formed Mortality Audit Committee, and \$500 will support the Breastfeeding support group.

OTHER: \$3,000

a) Printing and Reproduction \$500; A sum of \$500 is requested for printing and reproducing forms and Informational & Educational (IEC) materials.

b) Communication \$500

\$500 is requested to pay for overseas calls, fax, emails and telephone services.

c) Petroleum Oil and Lubricant \$1,500

To purchase gasoline and oil to conduct outreach services in the lagoon and outer islands.

d) Boat Rental \$500; A sum of \$500 is requested to rent private boat for transporting MCH/CSHCN staff for outreach services in the remote community in the lagoon.

TOTAL: \$114,568

BUDGET NARRATIVE JUSTIFICATION

Fiscal Year 2009

State of Kosrae

PERSONNEL: \$39,732

This amount requested is to continue support the salary of five (5) full time MCH staff. This includes the MCH Coordinator, school health nurse, one MCH staff nurse, one dental assistant and a nutritionist.

FRINGE BENEFITS: \$4,768

Fringe benefit at the rate of 12% of the base salary is set aside for social security, insurance and other benefits.

TRAVEL: \$6,795

This amount will cover travel cost for the MCH Coordinator or MCH Staffs to attend off-island conferences, workshops or training. These meeting include, Annual FP/MCH conference in and APNLC in Saipan.

EQUIPMENT: \$0

No equipment funds requested in FY-09.

SUPPLIES: \$5,000

a) Of this amount, \$4,500 is requested to purchase medical supplies such as vitamins, irons and tylenol for children and pregnant women.

b) Expendable Supplies \$500;

A total of \$500 is requested to purchase office supplies to support MCH clinic in the center and out in the Fields.

CONTRACTUAL SERVICES: \$5,656

a) A sum of \$2,000 is requested to continue contract off-island laboratory for pap smears reading.

b) A sum of \$3,656 will continue fund 4 Breast Feeding Support Group Mothers supporting exclusive breastfeeding in the communities.

OTHER: \$1,000

a) Communications: \$200; This amount is requested for telephone and internet cost.

b) Printing and Reproduction: \$150; This amount is requested for printing and reproduction of health education materials in both English and Kosrean for the MCH Program.

c) Rental Services: \$200; A sum of \$200 is requested for boat and car rental services to do an outreach clinic in Walung.

d) Petroleum, Oil & Lubricants (POL): \$150; This amount will purchase POL for outreach activities in the communities.

e) Miscellaneous: \$300; This amount is requested to fund the breastfeeding week activities.

TOTAL: \$62,951

BUDGET NARRATIVE JUSTIFICATION

Fiscal Year 2009

State of Pohnpei

PERSONNEL: \$68,480

A total of \$63,800 is requested to continue supporting the salaries of the six incumbent MCH staffs. An additional \$4,680 is request for Cost Of Living Allowance (COLA) to take effect commencing October 1, 2008. Each staff will receive an additional \$35 per pay period X 26 pay periods X six staff.

FRINGE BENEFITS: \$4,108

This amount is based on 6% of the base salary for social security and other benefits due the staff.

TRAVEL: \$7,802

\$2,860 is for intra-island travel. The differences amount of \$4,942 will support off-island travel for the MCH Program Coordinator or program staff to attend the Annual FP/MCH conference in Saipan and the American Pacific Nurse Leadership Conference (APNLC) conference in Saipan.

SUPPLIES: \$8,800

a) Medical Supplies: \$6,000; This amount requested will purchase prenatal vitamins, iron tablets and liquid, multi-vitamin drops, Tylenol or Tempra liquid for the children.

b) Dental Medical Supplies: \$2,000; To purchase sealants for the dental services.

c) Office Supplies (Expendable): \$800; To purchase office supplies and materials.

EQUIPMENT: \$0

No equipment funds requested in FY-09.

CONTRACTUAL SERVICES: \$6,000

A sum of \$6,000 will contract an off-island laboratory to read pap smears.

OTHERS: \$3,000

\$500 will cover printing & reproduction; b) \$500 for communication; c) \$1,000 for POL and d)

\$1000 for freight.

Total: \$98,190

BUDGET NARRATIVE JUSTIFICATION

Fiscal Year 2009

State of Yap

PERSONNEL: \$60,126

\$60,126 is requested to continue support salaries of seven (8) MCH staff with merit increase.

FRINGE BENEFITS: \$3,608

Fringe benefit is based on 6.0% of the total base salary, which covers social security, insurance and other benefits due the staff.

TRAVEL: \$5,500

A sum of \$5,500 is requested for intra-island travel to the outer-island and training of CBA in application of sealant/fluoride with school children and CSHCN clients. The differences will support off-island travel of the MCH Coordinator or program staffs to attend the FP/MCH Annual Meeting in Saipan.

EQUIPMENT: \$0

No equipment funds requested in FY-08.

SUPPLIES: \$6,500

\$6,500 is requested to purchase medical and office supplies for both MCH and Dental Program.

CONTRACTUAL SERVICES: \$5,360

\$2,000 is requested to continue contract one off-island laboratory for Pap smears reading. The differences amount of \$3,360 will contract a group of women from the outer-island to provide direct prenatal care services, delivery and postnatal services.

OTHER: \$1,500

The amount of \$1,500 is requested for workshops and outreach activities.

TOTAL: \$82,594

VI. Reporting Forms-General Information

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. Glossary

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note

Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents

A. Needs Assessment

Please refer to Section II attachments, if provided.

B. All Reporting Forms

Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents

Please refer to Section III, C "Organizational Structure".

D. Annual Report Data

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.